

(19) World Intellectual Property Organization
International Bureau



(43) International Publication Date
14 September 2006 (14.09.2006)

PCT

(10) International Publication Number
WO 2006/094703 A1

(51) International Patent Classification:

A61K 45/00 (2006.01) A61K 31/7076 (2006.01)
A61P 9/00 (2006.01) A01K 67/02 (2006.01)
A61P 9/04 (2006.01) G01N 33/50 (2006.01)
A61K 31/335 (2006.01)

(21) International Application Number:

PCT/EP2006/001903

(22) International Filing Date: 2 March 2006 (02.03.2006)

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:

60/657,707 3 March 2005 (03.03.2005) US

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(81) Designated States (unless otherwise indicated, for every
kind of national protection available): AE, AG, AL, AM,
AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN,
CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI,
GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE,
KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV,
LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI,
NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG,
SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US,
UZ, VC, VN, YU, ZA, ZM, ZW.

(84) Designated States (unless otherwise indicated, for every
kind of regional protection available): ARIPO (BW, GH,
GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM,
ZW), Eurasian (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM),
European (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI,
FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT,
RO, SE, SI, SK, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA,
GN, GQ, GW, ML, MR, NE, SN, TD, TG).

Published:

— with international search report

For two-letter codes and other abbreviations, refer to the "Guid-
ance Notes on Codes and Abbreviations" appearing at the begin-
ning of each regular issue of the PCT Gazette.

(54) Title: USE OF AN ANTAGONIST OF EPAC FOR TREATING HUMAN CARDIAC HYPERTROPHY

(57) Abstract: The present invention relates to the use of at least one Epac (Exchange Protein directly Activated by cAMP) antago-
nist for the manufacture of a medicament intended for the prevention or the treatment of pathologies selected from the list comprising
cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and my-
ocarditis.



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USE OF AN ANTAGONIST OF EPAC FOR TREATING HUMAN CARDIAC HYPERTROPHY

5 FIELD OF THE INVENTION

The present invention relates to methods and compositions for treating Human Cardiac Hypertrophy (HCM). More specifically, the present invention relates to the use of an antagonist of Epac for treating HCM.

10 BACKGROUND

Physiologic hypertrophy, such as an exercise-induced cardiac hypertrophy, represents a favorable adaptive change in the heart that accommodates to the increases in body demand, and does not lead to heart failure. In contrast, pathologic hypertrophy, such as pressure overload-induced hypertrophy, is a maladaptive response to pathologic stimuli that, if not
15 ameliorated, usually leads to heart failure.

Human cardiac hypertrophy (HCM) affects an estimated 600,000 to 1.5 million Americans, or one in 500 people. It is more prevalent than multiple sclerosis, which affects one in 700 people. HCM is the most common cause of sudden cardiac death in people under age 30.

20 Human cardiac hypertrophy (HCM) often develops as a by-product of hypertension or valvular heart disease. Adult cardiomyocytes are unable to divide and respond to stress and growth stimuli by increasing their rate of protein synthesis, resulting in increased cell volume (Sadoshima et al. 1997). Growth of individual cardiomyocytes results in thickening of the heart. Cardiac hypertrophy is a potent risk factor for the development of cardiac arrhythmias,
25 diastolic dysfunction, congestive heart failure, and death. (Hennersdorf et al. 2001; Vakili et al. 2001).

To date a variety of drug treatments are currently used for treating human cardiac hypertrophy.

For instance beta-blocking drugs slow the heart beat and reduce its force of
30 contraction. These drugs usually relieve chest pain, breathlessness and palpitation, but occasionally excessive heart rate slowing with these drugs can cause fatigue.

The second major group of drugs used are the calcium antagonists or calcium channel blockers. Within this group verapamil is the drug which has been most commonly used in HCM. It improves the filling of the heart and like beta-blockers, reduces symptoms such as

chest pain, breathlessness and palpitations. Also, like beta-blockers, verapamil can cause excessive slowing of the heart rate and lower blood pressure.

Anti-arrhythmic drugs have been also used for treating of cardiac hypertrophy. These drugs might be used when an arrhythmia such as tachycardia is detected and felt to be important in an individual case. Of these anti-arrhythmic drugs, Amiodarone (Cordarone) is the most commonly used in hypertrophic cardiomyopathy. It is a powerful and effective drug. But it does have several potentially serious side effects, including pulmonary toxicity (2%-7% in some studies, but as high as 10%-17% in some reports) liver function test abnormalities (4%-9%), hyperthyroidism (about 2%), and hypothyroidism (2%-4% in some cases, but as high as 8%-19% in some series), proarrhythmia (2%-5%) and optic neuropathy, which can lead to blindness.

Thus, there is a permanent need in the art to find alternative drugs for treating HCM that preferably do not show the side effects as described above.

It is now well admitted that Ca^{2+} -sensitive signaling pathways play crucial roles in cardiomyocyte hypertrophy (Frey et al, 2000). Two prominent Ca^{2+} -dependent pathways involve the Ser/Thr protein phosphatase calcineurin (Liang et al, 2003; Molkenstein, 2004) and Ca^{2+} /calmodulin-dependent protein kinase II (CaMKII) (Zhang & Brown, 2004). Activation of calcineurin by Ca^{2+} results in the dephosphorylation and nuclear translocation of cytoplasmic nuclear factor of activated T cells (NFAT) transcription factors which then upregulate transcription of hypertrophic genes. Calcineurin can also relieve the inhibition of class II histone deacetylases (HDACs) on the myocyte enhancer factor 2 (MEF2), thereby allowing this transcription factor to induce hypertrophic gene expression. In addition, CaMKII is known to activate MEF2 upon HDACs phosphorylation (McKinsey & Olson, 2004). To date, the participation of small G proteins of the Rho family in the regulation of these hypertrophic signaling cascades is not well defined.

Among the superfamily of small G proteins, the Rho family which includes Rho, Rac and Cdc42 has attracted much interest for they have been shown to play key roles in the generation of cytoskeletal structures (Hall, 1998). Indeed, Rho is important for the formation of stress fibers and focal adhesions in fibroblasts, whereas Rac and Cdc42 are involved in the regulation of more dynamic structures such as membrane ruffles, lamellipodia and filopodia (Hall, 1998). Several studies have pointed out the role of Rho proteins in the development of cardiomyocyte hypertrophy (Clerk & Sugden, 2000). For instance, two potent hypertrophic stimuli, endothelin 1 (ET-1) and phenylephrine (PE) induce rapid activation of endogenous Rac in neonatal cardiomyocytes (Clerk et al, 2001). In addition, adenoviral infection of

cardiomyocytes with a constitutive active form of Rac (RacG12V) also increases ANF expression and protein synthesis, and promotes morphological changes associated with myocyte hypertrophy (Pracyk et al, 1998). *In vivo* evidence for the role of Rho proteins in cardiac hypertrophy came from transgenic mice specifically expressing RacG12V in the heart.

5 These mice develop a dilated cardiomyopathy associated with deregulation of cardiomyocyte focal adhesions (Sussman et al, 2000). These data suggest that Rho proteins, especially Rac control hypertrophic response and are likely to be involved in cardiac remodelling, and the pathogenesis of cardiomyopathy characterized by cellular enlargement.

Cyclic adenosine 3',5'-monophosphate (cAMP) is one of the most important second
10 messenger in the heart because it regulates many physiological processes such as cardiac contractility, relaxation and automaticity. Classically, these effects are attributed to activation of hyperpolarization-activated cyclic nucleotide-gated (HCN) channels and protein kinase A (PKA) by cAMP (Fimia & Sassone-Corsi, 2001). PKA is considered to be the essential effector molecule mediating the many physiological effects of Gs-coupled-receptors. A
15 classical example is the stimulation of cardiac β -adrenergic receptors in which PKA phosphorylates several key proteins involved in excitation-contraction coupling, such as L-type Ca^{2+} channels, phospholamban, ryanodine receptors (RyR) and troponin I (Bers & Ziolo, 2001).

The recent discovery of Epac (exchange proteins directly activated by cAMP) as
20 proteins which are directly activated by cAMP has broken the dogma surrounding cAMP and PKA (patent US 6,987,004 ; Bos, 2003; de Rooij et al, 1998; Kawasaki et al, 1998). Epac proteins are guanine nucleotide exchange factors (GEFs) that bind cAMP with affinities similar to that of the regulatory subunit of PKA (de Rooij et al, 1998; Kawasaki et al, 1998). They have been shown to function as GEFs for the Ras-like small GTPases Rap1 and Rap2
25 and are directly activated by cAMP in a PKA independent manner (Bos, 2003). There are two isoforms of Epac, Epac 1 and Epac 2 both consisting of a regulatory and a catalytic region (de Rooij et al, 1998; Kawasaki et al, 1998). Epac1 is highly expressed in the heart (Kawasaki et al, 1998). Epac 2 has an additional cAMP binding domain which is dispensable for cAMP-induced Rap activation (de Rooij et al, 2000). Following cAMP binding, Epac catalyses the
30 exchange of GDP for a GTP of the small GTPases Rap, allowing interaction with their target effectors (Rehmann et al, 2003). Recent studies indicate that Epac is involved in cell adhesion (Enserink et al, 2004; Rangarajan et al, 2003), neurite extension (Christensen et al, 2003), and regulates the amyloid precursor protein and insulin secretion (Maillet et al, 2003; Ozaki et al, 2000). A recent study has provided experimental evidence that Epac1 stimulates the activity

of the small GTPase, Rac in a cAMP- dependent but PKA- independent manner in neuronal cells (Maillet et al, 2003).

SUMMARY

5 The Inventors now surprisingly show that Epac1 stimulates the activity of the small GTPase, Rac and increases the expression of hypertrophic gene markers in cultured cardiomyocytes. Furthermore, the Inventors demonstrate that Epac1 induces cardiomyocyte hypertrophy. This process is associated with intracellular $[Ca^{2+}]$ mobilization and the activation of the transcription factors NFAT and MEF2. Altogether, these findings identify
10 the cAMP-binding protein, Epac as a new positive regulator of cardiac growth.

A first aspect of this invention thus resides in the use of an antagonist of Epac for the manufacture of a medicament for treating cardiac hypertrophy, and especially, human cardiac hypertrophy.

15 A further object of this invention resides in a method for treating cardiac hypertrophy, especially human cardiac hypertrophy, comprising administering at least one antagonist of Epac to the subject.

A further object of the invention resides in a pharmaceutical composition useful for treating cardiac hypertrophy, and especially human cardiac hypertrophy, comprising at least one antagonist of Epac.

20 In one embodiment, the antagonist of Epac is a compound natural or not that impedes or limits the activation of Epac by cAMP or hypertrophic stimuli such as angiotensin II, endothelin I and phenylephrine. In a particular embodiment, said antagonist is a cAMP analog, that competes with cAMP for binding to Epac, but to thereupon either block or significantly inhibit the biological response induced by cAMP or hypertrophic stimuli such as
25 angiotensin II, endothelin I and phenylephrine. cAMP analog candidates are those compounds that have an affinity for binding to Epac that is either not significantly different from, or higher than cAMP, and that induce no, or a significantly lower level of biological response than native cAMP.

30 In a further embodiment, the antagonist of Epac, is a compound that is able to inhibit the expression of Epac. In a particular embodiment, said antagonist is an antisense oligonucleotide, a siRNA or a ribozyme.

A further object of the invention resides in a method for screening a compound, and especially a cAMP analog, that affects the activation of Epac.

In one embodiment, the screening method involves the steps of:

- a) incubating Epac with i) at least one effector of Epac, chosen among, but not limited to, Rap1, Rap2, Rac or Ras, ii) cAMP and iii) said compound to be tested,

- b) assessing the activation of said effector by Epac,

wherein a lower activation, in comparison with the activation provided in absence of said compound to be tested, indicates that said compound is an antagonist of Epac. The assay of effector activation could be performed as hereunder described in Example 1 "Rac activation assay", ie wherein said effector is coupled in frame with GST. In a further embodiment said effector is Rap1 that can be loaded with fluorescently labelled 2', 3'-bis(O)-N-methylanthranoloyl-guanosinediphosphate (mGDP). In this particular embodiment, the activation of Rap1 is assessed by detecting in real time the release of mGDP with a fluorescence spectrometer as previously described (Van den Berghe et al., 1997).

In a further embodiment, the screening method involves the step of :

a) providing cardiomyocytes that either constitutively expressed an activated form of Epac or Epac wild type, or have been treated with hypertrophic stimuli such as angiotensin II, endothelin I and phenylephrine.

b) exposing said cardiomyocyte to one of the compounds to be tested

c) assessing the effects of said compound on the hypertrophy properties of said cardiomyocytes

wherein the inhibition of the hypertrophic properties indicates that said compound is an antagonist of Epac.

In a particular embodiment, cardiomyocyte hypertrophy properties are determined by measuring cell size, protein content and/or the expression of mRNA coding for hypertrophic gene markers such as the natriuretic factor or NFAT transcriptional activity.

In a further embodiment, the screening method can result in the combination of the two above described methods.

A further object of the invention resides in a non human model of cardiac hypertrophy wherein cardiac hypertrophy has been induced by the specific expression of a positive dominant form of Epac, and especially Epac1. In a particular embodiment, said model is a mouse. In another particular embodiment, said positive dominant form of Epac is under the control of a cardiac specific promoter such as α -Myosin Heavy Chain promoter. In a further embodiment the positive dominant form of Epac1 result in Epac- Δ cAMP which contains a deletion of the first 322 amino acids of Epac1 (de Rooij et al., 1998).

In one embodiment, Epac is the protein shown in SEQ ID NO: 2 (Epac1, Accession: NM_006105) or SEQ ID NO: 4 (Epac2, Accession: NM_007023), or a partial protein thereof, or an ester, amide or salt thereof.

5 DETAILED DESCRIPTION

The present invention relates to the use of at least one Epac (Exchange Protein directly Activated by cAMP) antagonist for the manufacture of a medicament intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis.

An antagonist of Epac is herein defined as a compound that is able to inhibit the expression, the activation or the activity of Epac.

An antagonist of Epac that inhibits the expression of Epac means that said antagonist impedes the process of transcription of the Epac gene and / or of the translation of the mRNA of Epac into the Epac protein.

An antagonist of Epac that inhibits the activation of Epac means that said antagonist impedes the activators of Epac to activate Epac.

An antagonist of Epac that inhibits the activity of Epac means that said antagonist impedes Epac function. Such an antagonist may block the catalysis by Epac of the exchange of GDP for a GTP.

The invention relates in particular to the use as defined above, wherein the antagonist is selected from the list comprising Epac activation inhibitors, Epac activity inhibitors, Epac intracellular localization disruption agents, and Epac expression inhibitors.

An "Epac expression inhibitor" impedes or decreases the expression of the protein Epac. Said inhibitor may block or decrease the transcription and / or the translation process of Epac. The inhibition of Epac expression can be assessed by Western blot or reverse transcriptase polymerase chain reaction.

An "Epac activation inhibitor" impedes the activation of Epac, particularly by the activators of Epac such as cAMP. The inhibition of Epac activation can be assessed by measuring the GTP form of its effector, Rap1 or Rap2, using pull down assay as described in Maillet et al., 2003.

An "Epac activity inhibitor" is a compound which impedes the normal function of Epac, such as the exchange of GDP for a GTP or the activation of the c-Jun NH2-terminal kinase.

5 The inhibition of Epac activity can be assessed by measuring either the GTP form of its effector, Rap1 or Rap2 using pull down assay or the activation of c-Jun NH2-terminal kinase using a kinase assay as described in Hochbaum et al. (2003).

An "Epac intracellular localization disruption agent" is a compound which impedes the proper cellular localization of Epac. Epac cellular distribution can be assessed by immunocytochemistry using Epac selective antibodies.

10 The invention further relates to the use as defined above, wherein the antagonist is an Epac activation inhibitor selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against Epac cAMP binding sites,
- cAMP analogues, such as cAMP derivatives or 8-(4-chlorophenylthio)-2'-O-methyladenosine-3'-5-cyclic monophosphate (8-CPT-2'-O-Me-cAMP) derivatives,
- 15 - Brefeldin A or derivatives thereof.

Compounds capable of inhibiting the activation of Epac include in particular those able to interact with natural agonists of Epac, such as cAMP, and /or to interact in the binding of said agonists to Epac, and / or to inhibit the activation of Epac resulting from said binding.

20 The term "agonist of Epac" refers to compounds that bind to Epac and activate Epac through this binding.

An inhibitor of activation of Epac may be an antibody or fragment thereof, or an aptamer directed against the Epac cAMP binding sites, thus impeding the binding of said cAMP to Epac.

25 In the present invention, the term "antibody" refers to a polyclonal or monoclonal antibody. The terms "polyclonal" and "monoclonal" refer to the degree of homogeneity of an antibody preparation, and are not intended to be limited to a particular method of production.

A mammal, such as a rabbit, a mouse, or a hamster, can be immunized with an immunogenic form of the protein, such as the entire protein or a part of it. The protein or part of it can be administered in the presence of an adjuvant.

30 The term "immunogenic" refers to the ability of a molecule to elicit an antibody response. Techniques for conferring immunogenicity to a protein or part of it which is not itself immunogenic include conjugation to carriers or other techniques well known in the art.

The immunization process can be monitored by detection of antibody titers in plasma or serum. Standard immunoassays, such as ELISA can be used with the immunogenic protein or peptide as antigen to assess the levels of antibody.

5 According to the invention, an antibody which is an activation inhibitor of Epac is directed against Epac cAMP binding sites.

In the present invention, the term "aptamer" refers to a nucleic acid molecule or oligonucleotide sequence that binds specifically to the Epac protein. Aptamers may be DNA or RNA and may include nucleotide derivatives. Aptamers may be a single strand or a double strand of usually 16 to 60 nucleotides long. The method called SELEX (Systematic Evolution
10 of Ligands by Exponential Enrichment) is generally used to select and identify aptamers exhibiting affinity for the target.

According to the invention, an aptamer which is an activation inhibitor of Epac binds specifically to Epac cAMP binding sites.

As used herein, the term "oligonucleotide" refers to a nucleic acid, generally of at least
15 10, preferably at least 12, more preferably at least 15, and still preferably at least 20 nucleotides, preferably no more than 100 nucleotides, still preferably no more than 70 nucleotides, and which is hybridizable to a Epac genomic DNA, cDNA, or mRNA.

An inhibitor of activation of Epac can consist in an analog of cAMP which impedes the binding of said cAMP to Epac. In a particular embodiment, said antagonist is a cAMP
20 analog, that competes with cAMP for binding to Epac, but to thereupon either block or significantly inhibit the biological response induced by cAMP or hypertrophic stimuli such as angiotensin II, endothelin I and phenylephrine. cAMP analog candidates are those compounds that have an affinity for binding to Epac that is either not significantly different from, or higher than cAMP, and that induce no, or a significantly lower level of biological response
25 than native cAMP.

Said analog of cAMP can be identified by the screening methods described hereinafter.

Another inhibitor of Epac activation may be Brefeldin A, a small hydrophobic compound produced by toxic fungi. Brefeldin A is a macrocyclic lactone exhibiting a large
30 range of antibiotic activity. Brefeldin A can bind at the Rap-GDP/Epac interface, thus freezing the complex in an abortive conformation that cannot proceed to nucleotide dissociation.

The invention also relates to the use as defined above, wherein the antagonist is an Epac activity inhibitor, in particular an inhibitor of the Guanine nucleotide Exchange Factor

(GEF) domain of Epac, or an inhibitor of the Ras Exchange Motif (REM) domain of Epac, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against the GEF domain or the REM domain of Epac,
- 5 - Brefeldin A or derivatives thereof.

The Guanine nucleotide Exchange Factor domain (GEF) is located into the catalytic region of Epac protein and is involved in Epac catalytic activity. The GEF domain of Epac is located between amino acids 616-848 of Epac1 and 768-1005 of Epac2.

- 10 The Ras Exchange Motif (REM) domain is located into the catalytic region of Epac protein and participates to Epac catalytic activity. The REM domain of Epac is located between amino acids 342-466 of Epac1 and 495-615 of Epac2.

The invention also relates to the use as defined above, wherein the antagonist is an Epac intracellular localization disruption agent, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against an Epac cellular localization domain, such as the Dishevelled Egl-10 Pleckstrin (DEP) domain,
- 15 - Brefeldin A or derivatives thereof.

The term "Epac cellular localization domain" refers to a domain which is involved in membrane localization. An Epac cellular localization domain is for example the Dishevelled Egl-10 Pleckstrin (DEP) domain.

- 20 The invention also relates to the use as defined above, wherein the antagonist is an Epac expression inhibitor selected from the list comprising:

- an antisense nucleic acid directed against Epac mRNAs,
- a single stranded DNA, directed against Epac double strand DNA,
- a double stranded RNA, a siRNA or a shRNA, comprising Epac nucleic acid sequences,
- 25 - a ribozyme directed against Epac mRNAs.

Inhibitors of the expression of Epac include for instance antisense oligonucleotides, or interfering RNAs, or ribozymes, targeting the Epac gene.

- 30 The term "gene" means a DNA sequence that codes for or corresponds to a particular sequence of amino acids which comprise all or part of one or more proteins or enzymes, and may or may not include regulatory DNA sequences, such as promoter sequences, which determine for example the conditions under which the gene is expressed. A "promoter" or "promoter sequence" is a DNA regulatory region capable of binding RNA polymerase in a cell and initiating transcription of a downstream (3' direction) coding sequence. Some genes, which are not structural genes, may be transcribed from DNA to RNA, but are not translated

into an amino acid sequence. Other genes may function as regulators of structural genes or as regulators of DNA transcription. In particular, the term gene may be intended for the genomic sequence encoding a protein, i.e. a sequence comprising regulator, promoter, intron and exon sequences.

5 A "coding sequence" or a sequence "encoding" an expression product, such as a RNA, polypeptide, protein, or enzyme, is a nucleotide sequence that, when expressed, results in the production of that RNA, polypeptide, protein, or enzyme, i.e., the nucleotide sequence encodes an amino acid sequence for that polypeptide, protein or enzyme. A coding sequence for a protein may include a start codon (usually ATG) and a stop codon.

10 As used herein, the term "Epac gene" denotes the gene encoding for Epac (exchange proteins directly activated by cAMP) of any species, especially human Epac, but also other mammals or vertebrates to which the invention can apply. Unless otherwise indicated, the term "Epac" is used indifferently to designate the Epac gene or the encoded protein Epac throughout the text. There are two isoforms of Epac, Epac 1 (also named Rap guanine
15 nucleotide exchange factor (GEF) 3) and Epac 2 (also named Rap guanine nucleotide exchange factor (GEF) 4) such as described in de Rooij et al, 1998 and Kawasaki et al, 1998. In addition, a related protein named Repac (for related to Epac) has been identified by Ichiba et al. (1999). Repac shows close sequence similarity to Epac 2 and lacks the regulatory sequences present in Epac1 and Epac2 (Ichiba et al., 1999). Homo sapiens Epac 1 gene is
20 localized on chromosome 12. The nucleotide and amino acids sequences of Epac1, SEQ ID N0 : 1 and 2 respectively, are deposited in Genebank under accession number NM_006105. The nucleotide and amino acids sequences of Epac 2, SEQ ID N0 : 3 and 4 respectively, are deposited in Genebank under accession number NM_007023. Epac 2 is mapped to human chromosome 2q31. The nucleotide and amino acids sequences of Repac, SEQ ID N0 : 5 and 6
25 respectively, are deposited in Genebank under accession number BC039203. Repac is mapped to human chromosome 7p15.3.

Antisense molecules can be modified or unmodified RNA, DNA, or mixed polymer oligonucleotides and primarily function by specifically binding to matching sequences resulting in inhibition of peptide synthesis. The antisense oligonucleotide binds to target RNA
30 by Watson Crick base-pairing and blocks gene expression by preventing ribosomal translation of the bound sequences either by steric blocking or by activating RNase H enzyme. Antisense molecules can also alter protein synthesis by interfering with RNA processing or transport from the nucleus into the cytoplasm. In addition, antisense deoxyoligoribonucleotides can be used to target RNA by means of DNA-RNA interactions, thereby activating RNase H, which

digests the target RNA in the duplex. Antisense DNA can be expressed via the use of a single stranded DNA intracellular expression vector or equivalents and variations thereof.

Antisense nucleic acids are useful for regulating and controlling the expression of the Epac protein gene *in vivo* and *in vitro*, and are also useful for the treatment of the diseases disclosed above. Technologies related to such antisense RNAs and gene therapies are known to the skilled man. The novel antisense oligonucleotides complementary to any sequence of the human Epac RNA, which according to the broadest definition can be of a length ranging from 7 to 40 nucleotides, have preferably a length ranging from 15 to 25 nucleotides, most preferably about 20 nucleotides.

The term "complementary" means that the antisense oligonucleotide sequence can form hydrogen bonds with the target mRNA sequence by Watson-Crick or other base-pair interactions. The term shall be understood to cover also sequences which are not 100 % complementary. It is believed that lower complementary, even as low as 50 % or more, may work. However, 100 % complementary is preferred.

Single stranded DNA can be designed to bind to genomic DNA in a sequence specific manner. Triplex Forming Oligonucleotides (TFO) are comprised of pyrimidine-rich oligonucleotides which bind DNA helices through Hoogsteen Base-pairing. The resulting triple helix composed of the DNA sense, DNA antisense, and TFO disrupts RNA synthesis by RNA polymerase.

Double-stranded RNAs can suppress expression of homologous genes through an evolutionarily conserved process named RNA interference (RNAi). One mechanism underlying silencing is the degradation of target mRNAs by an RNP (RiboNucleoProtein) complex, which contains short interfering RNAs (siRNAs) as guides to substrate selection.

The term "siRNA" refers to a short (typically less than 30 nucleotides long) double stranded RNA molecule. Typically, the siRNA modulates the expression of a gene to which the siRNA is targeted. Selection of a suitable small interfering RNA (siRNA) molecule requires knowledge of the nucleotide sequence of the target mRNA, or gene from which the mRNA is transcribed. The siRNA molecules of the invention are typically between 10-30 nucleotides in length, and preferably between 18-23 nucleotides in length. The siRNA molecules may comprise a sequence identical or at least 90% identical to any portion of the target gene whose expression is to be modulated including coding and non-coding sequences.

To provide a siRNA that can specifically suppress the expression of Epac, the following guidelines are used according to Elbashir et al., 2002 : 1) Selection of the target region from the open reading frame (ORF) of the cDNA sequence preferably 50 to 100

nucleotides downstream of the start codon. 2) Determination of a 21 nucleotide sequence in the target mRNA that begins with an AA dinucleotide (Elbashir et al., 2001). Thus sequences are 5'-AA(N₁₉)UU, where N is any nucleotide. Sequences must contain approximately 50% G/C. 3) Blast-search (www.ncbi.nih.gov/BLAST) the selected siRNA sequences against EST libraries or mRNA sequences of the respective organism to ensure that only a single gene is targeted. Any target sequences with more than 16 to 17 contiguous base pairs of homology to other coding sequences must be eliminated. 4) Synthesis of several siRNA sequences are advisable to control for the specificity of the knock-down experiments .

10 A short hairpin RNA is a simple strain RNA, characterized in that the two ends of said RNA are complementary and can hybridize together, thus forming an artificial double strand RNA with a loop between the two ends.

Ribozymes are RNA molecules possessing the ability to specifically cleave other single-stranded RNA. Through the modification of nucleotide sequences which encode these RNAs, it is possible to engineer molecules that recognize specific nucleotide sequences in an RNA molecule and cleave it. A major advantage of this approach is that, because the ribozymes are engineered to be sequence-specific, only mRNAs with sequences complementary to the construct containing the ribozyme are inactivated. There are two basic types of ribozymes namely, tetrahymena-type and "hammerhead"-type. Tetrahymena-type ribozymes recognize sequences which are four bases in length, while "hammerhead"-type ribozymes recognize base sequences from about 3 to 18 bases in length. The longer the recognition sequence, the greater the likelihood that the sequence will occur exclusively in the target mRNA species. Consequently, hammerhead-type ribozymes are preferable to tetrahymena-type ribozymes for inactivating a specific mRNA species.

25 In accordance with the present invention, ribozyme, siRNAs, single strand DNA, or antisense oligonucleotides may be produced by expression of DNA sequences cloned into plasmid or retroviral vectors. Using standard methodology known to those skilled in the art, it is possible to maintain the ribozyme, siRNA or antisense oligonucleotides in any convenient cloning vector.

30 Various genetic regulatory control elements may be incorporated into ribozyme, siRNA, single stranded DNA, or antisense oligonucleotides expression vectors to facilitate propagation in cardiac cells. For instance, the cardiac specific expression of the siRNA may be driven by a cardiac specific promoter such as the α -Myosin Heavy Chain promoter.

A "vector" is a replicon, such as a plasmid, cosmid, bacmid, phage or virus, to which another genetic sequence or element (either DNA or RNA) may be attached so as to bring about the replication of the attached sequence or element.

5 A "replicon" is any genetic element, for example, a plasmid, cosmid, bacmid, phage or virus, that is capable of replication largely under its own control. A replicon may be either RNA or DNA and may be single or double stranded.

10 An "expression operon" refers to a nucleic acid segment that may possess transcriptional and translational control sequences, such as promoters, enhancers, translational start signals (e. g. , ATG or AUG codons), polyadenylation signals, terminators, and the like, and which facilitate the expression of a polypeptide coding sequence in a host cell or organism.

15 According to another embodiment, the present invention relates to a method for treating a pathology selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis, in a patient, comprising administering to said patient a therapeutically effective amount of at least one Epac antagonist.

The invention relates to the method as defined above, wherein the antagonist is selected from the list comprising Epac activation inhibitors, Epac activity inhibitors, Epac intracellular localization disruption agents, and Epac expression inhibitors.

20 The invention also relates to a method as defined above, wherein the antagonist is an Epac activation inhibitor selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against Epac cAMP binding sites,
- cAMP analogues, such as cAMP derivatives or 8-(4-chlorophenylthio)-2'-O-methyladenosine-3'-5-cyclic monophosphate (8-CPT-2'-O-Me-cAMP) derivatives,
- 25 - Brefeldin A or derivatives thereof.

The daily dosage of said antagonists may be varied over a wide range from 0.01 to 1,000 mg per adult per day. Preferably, the compositions contain 0.01, 0.05, 0.1, 0.5, 1.0, 2.5, 5.0, 10.0, 15.0, 25.0, 50.0, 100, 250 and 500 mg of the active ingredient for the symptomatic adjustment of the dosage to the patient to be treated. A medicament typically contains from
30 about 0.01 mg to about 500 mg of the active ingredient, preferably from 1 mg to about 100 mg of the active ingredient. An effective amount of the drug is ordinarily supplied at a dosage level from 0.0002 mg/kg to about 20 mg/kg of body weight per day, especially from about 0.001 mg/kg to 10 mg/kg of body weight per day. It will be understood, however, that the specific dose level and frequency of dosage for any particular patient may be varied and will

depend upon a variety of factors including the activity of the specific compound employed, the metabolic stability, and length of action of that compound, the age, the body weight, general health, sex, diet, mode and time of administration, rate of excretion, drug combination, the severity of the particular condition, and the host undergoing therapy.

5 In the pharmaceutical compositions of the present invention for oral, sublingual, subcutaneous, intramuscular, intravenous, transdermal, local or rectal administration, the antagonist of Epac, alone or in combination with another active principle, can be administered in a unit administration form, as a mixture with conventional pharmaceutical supports, to animals and human beings. Suitable unit administration forms comprise oral-route forms such
10 as tablets, gel capsules, powders, granules and oral suspensions or solutions, sublingual and buccal administration forms, aerosols, implants, subcutaneous, transdermal, topical, intraperitoneal, intramuscular, intravenous, subdermal, transdermal, intrathecal and intranasal administration forms and rectal administration forms.

In the pharmaceutical compositions of the present invention, the active principle is
15 generally formulated as dosage units containing from 0.5 to 1000 mg, preferably from 1 to 500 mg, more preferably from 2 to 200 mg of said active principle per dosage unit for daily administrations.

The invention further relates to a method as defined above, wherein the antagonist is an Epac activity inhibitor, in particular an inhibitor of the Guanine nucleotide Exchange
20 Factor (GEF) domain of Epac, or an inhibitor of the Ras Exchange Motif (REM) domain of Epac, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against the GEF domain or the REM domain of Epac,
- Brefeldin A or derivatives thereof.

25 The invention also relates to a method as defined above, wherein the antagonist is an Epac intracellular localization disruption agent, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against an Epac cellular localization domain, such as the Dishevelled Egl-10 Pleckstrin (DEP) domain,
- Brefeldin A or derivatives thereof.

30 The invention also relates to a method as defined above, wherein the antagonist is an Epac expression inhibitor selected from the list comprising:

- an antisense nucleic acid directed against Epac mRNAs,
- a double stranded RNA, a siRNA or a shRNA comprising Epac nucleic acid sequences,
- a ribozyme directed against Epac mRNAs.

According to another embodiment, the present invention relates to a pharmaceutical composition comprising as active substance an Epac expression inhibitor selected from the list comprising:

- an antisense nucleic acid directed against Epac mRNAs,
- 5 - a double stranded RNA, a siRNA or a shRNA comprising Epac nucleic acid sequences,
- a ribozyme directed against Epac mRNAs.

in association with a pharmaceutically acceptable carrier.

Ribozyme, siRNA, or antisense oligonucleotides encoding vectors and constructs as described herein are generally administered to a subject as a pharmaceutical preparation. As
10 used herein, the term "subject" denotes a mammal, such as a rodent, a feline, a canine, and a primate. Preferably a subject according to the invention is a human

The pharmaceutical preparation comprising the ribozyme, siRNA or antisense oligonucleotides molecules or vectors are conveniently formulated for administration with an acceptable medium such as water, buffered saline, ethanol, polyol (for example, glycerol,
15 propylene glycol, liquid polyethylene glycol and the like), dimethyl sulfoxide (DMSO), oils, detergents, suspending agents or suitable mixtures thereof. The concentration of the ribozyme, siRNA or antisense oligonucleotides molecules or vectors in the chosen medium may depend on the hydrophobic or hydrophilic nature of the medium, as well as the length and other properties of the ribozyme siRNA or antisense oligonucleotides molecules or vectors.
20 Solubility limits may be easily determined by one skilled in the art.

Ribozyme, siRNA or antisense oligonucleotides molecules and vectors encoding the same may be administered parenterally by intravenous injection into the blood stream, by subcutaneous, intramuscular, or intraperitoneal injection, or any other method known in the art. Pharmaceutical preparations for parenteral injection are commonly known in the art. If
25 parenteral injection is selected as a method for administering the molecules or vectors, steps must be taken to ensure that sufficient amounts of the molecules or vectors reach their target cells to exert a biological effect. Several techniques have been used to increase the stability, cellular uptake and biodistribution of oligonucleotides. Ribozyme, siRNA or antisense oligonucleotides molecules of the present invention may be encapsulated in a lipophilic,
30 targeted carrier, such as a liposome.

A pharmaceutical preparation of the invention may be formulated in dosage unit form for ease of administration and uniformity of dosage. Dosage unit form, as used herein, refers to a physically discrete unit of the pharmaceutical preparation appropriate for the patient undergoing treatment. Each dosage should contain a quantity of active ingredient calculated to

produce the desired effect in association with the selected pharmaceutical carrier. Procedures for determining the appropriate dosage unit are well known to those skilled in the art. Dosage units may be proportionately increased or decreased based on the weight of the patient. Appropriate concentrations for alleviation of a particular pathological condition may be determined by dosage concentration curve calculations, as known in the art.

In accordance with the present invention, the appropriate dosage unit for the administration of ribozyme-siRNA or antisense oligonucleotides molecules may be determined by evaluating the toxicity of the ribozyme, siRNA or antisense oligonucleotides molecules in animal models. Various concentrations of said molecules in pharmaceutical preparations may be administered to mice and the minimal and maximal dosages may be determined based on comparing obtaining desired results as opposed to side effects as a result of the treatment.

The pharmaceutical preparation comprising the molecules may be administered at appropriate intervals, for example, twice a day until the pathological symptoms are reduced or alleviated, after which the dosage may be reduced to a maintenance level.

The pharmaceutical composition is advantageously substantially pure. The term "substantially pure" refers to a preparation comprising at least 50-60% by weight of a given material (e.g. nucleic acid, oligonucleotide). More preferably, the preparation comprises at least 75% by weight, and most preferably 90-95% by weight of the given compound. Purity is measured by methods appropriate for the given compound (e.g. chromatographic methods, agarose or polyacrylamide gel electrophoresis, HPLC analysis, and the like).

The invention relates in particular to pharmaceutical compositions comprising as active substance an Epac activation inhibitor, an Epac activity inhibitor, or an Epac intracellular localization disruption agent, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against Epac cAMP binding sites,
 - antibodies, fragments thereof, or aptamers, directed against the GEF domain or the REM domain of Epac,
 - antibodies, fragments thereof, or aptamers, directed against an Epac cellular localization domain, such as the DEP domain,
- in association with a pharmaceutically acceptable carrier.

The invention also relates to the use of Epac for screening compounds intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis.

These compounds are particularly chosen among Epac activation inhibitors, Epac activity inhibitors, Epac intracellular localization disruption agents, and Epac expression inhibitors.

The invention further relates to a method for screening compounds intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis, comprising the steps of:

- contacting Epac with a compound to screen in the presence of cAMP or an Epac activating cAMP analogue,
- assaying Epac activation,
- selecting compounds which inhibit Epac activation, in particular compounds which inhibit at least 30% of Epac activation, as compared to Epac activation in the absence of said compounds.

The cAMP-dependent activation of Rap1 can be assessed to determinate the percentage of Epac activation.

The invention also relates to the method as defined above, wherein Epac is also contacted with an effector protein liable to be activated upon Epac activation, such as Rap1, Rap2, Rac or Ras, and Epac activation is assessed by measuring the activity of said effector protein.

The screening method thus involves the steps of

- a) incubating Epac with i) at least one effector of Epac, chosen among, but not limited to, Rap1, Rap2, Rac or Ras, ii) cAMP and ii) said compound to be tested,
- b) assessing the activation of said effector by Epac,

wherein a lower activation, in comparison with the activation provided in absence of said compound to be tested, indicates that said compound is an antagonist of Epac. The assay of effector activation could be performed as hereunder described in Example 1 "Rac activation assay", ie wherein said effector is coupled in frame with GST.

In a particular embodiment, the screening method comprises testing *in vitro* the effect of the compounds to inhibit Epac-induced cAMP-dependent Rap1 or Rap2 activation. Rap1 is a well known effector of Epac. To do that, full-length Epac is incubated with Rap1 or Rap2 loaded with fluorescently labelled 2', 3'-bis(O)-N-methylanthranoloyl-guanosinediphosphate (mGDP) and the release of mGDP is detected in real time by a fluorescence spectrometer as previously described (Van den Berghe et al., 1997). The inhibition effect of the compounds on

Epac-induced cAMP-dependent Ras or Rac activation can be assessed using GST pull down assay as previously described (Maillet et al., 2003).

According to another embodiment, the present invention relates to a method for screening compounds intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis comprising the steps of:

- contacting cardiomyocytes having increased Epac activity as compared to normal cardiomyocytes with compounds to screen,
- assessing the hypertrophic properties of said cardiomyocytes having increased Epac activity,
- selecting compounds which inhibit the hypertrophic properties of said cardiomyocytes having increased Epac activity, as compared to the hypertrophic properties of cardiomyocytes having increased Epac activity not treated by said compounds.

In a further embodiment, the screening method involves the step of:

- a) providing cardiomyocytes that express an activated form of Epac
- b) exposing said cardiomyocyte to one of the compounds to be tested
- c) assessing the effects of said compound on the hypertrophic properties of said cardiomyocytes, the hypertrophic properties being determined by measuring cell size and / or the expression of mRNA coding for hypertrophic gene markers, such as the natriuretic factor.

The cardiomyocytes that have an increased Epac activity as compared to normal cardiomyocytes express for example a wild type form of Epac or a constitutive activated form of Epac lacking its cAMP binding domain.

The inhibition of the hypertrophic properties indicates that said compound is an antagonist of Epac.

Administration of vectors producing ribozyme, siRNA or antisense oligonucleotides may be administered to cardiac cells or cardiac cell lines by any method such as, without limitation, transfection, electroporation, lipofection, and transduction.

In a further embodiment, the screening method can result in the combination of the two above described methods.

The invention further relates to the method as defined above, wherein the compounds to screen are:

- cAMP analogues, such as cAMP derivatives or 8-(4-chlorophenylthio)-2'-O-methyladenosine-3'-5-cyclic monophosphate (8-CPT-2'-O-Me-cAMP) derivatives, or
- Brefeldin A derivatives.

A further object of the invention resides in a method for screening a compound, and especially a cAMP analog, that affects the activation of Epac.

According to another embodiment, the present invention relates to a non-human transgenic mammal for use as a model of cardiac hypertrophy, wherein Epac activity is increased with respect the corresponding wild type non-human mammal.

In this non human model of cardiac hypertrophy, cardiac hypertrophy has been induced by the specific expression of a positive dominant form of Epac, and especially Epac1 in cardiomyocytes.

The invention relates in particular to a non-human transgenic mammal for use as a model of cardiac hypertrophy as defined above, wherein Epac is over-expressed with respect the corresponding wild type non-human mammal, in particular said non-human transgenic mammal comprises Epac coding sequences under the control of cardiac-specific promoters having a stronger transcription activity than Epac natural promoter, such as the promoter of the α -Myosin Heavy Chain.

The positive dominant form of Epac is under the control of a cardiac specific promoter such as α -Myosin Heavy Chain.

The invention further relates to a non-human transgenic mammal for use as a model of cardiac hypertrophy as defined above, wherein said non-human transgenic mammal comprises nucleic sequences encoding a constitutively activated form of Epac lacking the activating cAMP binding domain.

In a further embodiment the positive dominant form of Epac1 results in Epac- Δ cAMP which contains a deletion of the first 322 amino acids of Epac1 (de Rooij et al., 1998). Epac- Δ cAMP lacks the cAMP-binding domain and therefore behaves as a constitutive activated form of Epac and cannot be regulated by cAMP (de Rooij et al., 1998).

The invention also relates to a non-human transgenic mammal for use as a model of cardiac hypertrophy as defined above, wherein said mammal is a mouse.

Therapeutic methods

The compositions containing the Epac antagonist(s) can be administered for prophylactic and/or therapeutic treatments. The active ingredient in the pharmaceutical composition generally is present in an "effective amount". By an "effective amount" of a pharmaceutical composition is meant a sufficient, but nontoxic amount of the agent to provide the desired effect. The term refers to an amount sufficient to treat a subject (e.g., a mammal, particularly a human). Thus, the term "therapeutic amount" refers to an amount sufficient to

remedy a disease state or symptoms, by preventing, hindering, retarding or reversing the progression of cardiac hypertrophy or any other undesirable symptoms whatsoever. The term "prophylactically effective" amount refers to an amount given to a subject that does not yet present the symptoms of cardiac hypertrophy, and thus is an amount effective to prevent, hinder or retard the onset of cardiac hypertrophy.

The symptoms of cardiac hypertrophy include shortness of breath on exertion, dizziness, fainting and angina pectoris. (Angina is chest pain or discomfort caused by reduced blood supply to the heart muscle.) Some people have cardiac arrhythmias. These are abnormal heart rhythms that in some cases can lead to sudden death. The obstruction to blood flow from the left ventricle increases the ventricle's work, and a heart murmur may be heard. In the majority of patients with hypertrophic cardiomyopathy, the physical examination is unremarkable and the abnormalities may be subtle. Most patients have forceful or jerky pulse and a forceful heart beat, which can be felt on the left side of the chest. Both of these reflect the thickened, strongly contracting heart. However the most obvious abnormality on physical examination is a heart murmur, which is present in 30 - 40% of patients. To diagnose hypertrophic cardiomyopathy, the electrocardiogram (ECG) is usually used. ECG usually shows an abnormal electrical signal due to muscle thickening and disorganization of the muscle structure. In a minority of patients (approximately 10%) the ECG may be normal or show only minor changes. As MRI (Magnetic Resonance Imaging) can provide tomographic high resolution pictures of the heart, it has recently become an important new test well suited for the assessment of the size and extent of left ventricular hypertrophy in cardiac hypertrophy. In fact, recent studies have shown that a cardiac MRI may be better than an echocardiogram to reliably detect hypertrophy in areas such as the left ventricular anterolateral wall and apex. As a result, in some patients an echocardiogram may not be sufficient to confidently exclude a diagnosis of cardiac hypertrophy and in that situation a cardiac MRI may be recommended.

In therapeutic applications, compositions are administered to a patient already suffering from a disease, as just described, in an amount sufficient to cure or at least partially arrest the symptoms of the disease and its complications. An appropriate dosage of the pharmaceutical composition is readily determined according to any one of several well-established protocols. For example, animal studies (e.g., mice, rats) are commonly used to determine the maximal tolerable dose of the bioactive agent per kilogram of weight. In general, at least one of the animal species tested is mammalian. The results from the animal studies can be extrapolated to determine doses for use in other species, such as humans for

example. What constitutes an effective dose also depends on the nature and severity of the disease or condition, and on the general state of the patient's health.

In prophylactic applications, compositions containing at least one Epac antagonists are administered to a patient susceptible to or otherwise at risk of a cardiac hypertrophy. Such an amount is defined to be a "prophylactically effective" amount or dose. In this use, the precise amounts again depend on the patient's state of health and weight.

The following examples are provided to illustrate certain aspects of the methods and compositions that are provided but should not be construed to limit the scope of the claimed invention.

DESCRIPTION OF THE FIGURES

Figure 1A, Figure 1B and Figure 1C

Epac activates the small G protein Rac in primary rat ventricular cardiomyocytes and HL-1 atria cells.

Figure 1A: Primary rat ventricular cardiomyocytes were infected with either Ad.GFP as a control or with Ad.EpacWT or Ad.Epac-ΔcAMP as described in Methods. Two days after infection, cells were treated or not for 10 min with the selective activator of Epac, 8-CPT (1 μM). Amounts of Rac-GTP were determined by pull down experiments. A control for total Rac expression (total lysates) is shown. The upper panel shows a typical immunoblot. Expression of recombinant proteins was determined by Western blot using an anti-HA antibody. The lower panel shows means ± S.E.M. of 3 independent experiments. Results are expressed as fold activation of control cells infected with Ad.GFP. *p<0.05, **p<0.01 compared with control.

Figure 1B: HL-1 atrial cells were treated with 8-CPT (100 μM), Forskolin (FSK) (100 μM), or 8-Br-cAMP (10 μM) for 10 min. The upper panel shows a representative immunoblot. In lower panel, Rac-GTP is expressed as fold activation of the control (CT) cells (means ± S.E.M; n=4).

Figure 1C : Effect of 8-CPT (10 μM) at different time of incubation on the amount of Rac-GTP. Rac activation was determined as above. Control for total lysates (Total Rac) is shown.

Figure 2A, Figure 2B, Figure 2C and Figure 2D

Epac stimulates a hypertrophic pattern of gene expression.

Figures 2A, 2C and 2D: Neonatal cardiomyocytes were transfected with ANF-Luc (Figure 2A), SkM- α -actin-Luc (Figure 2C) or c-fos-SRE-Luc (Figure 2D) and EpacWT, RacG12V or the empty vector (mock) as control and treated or not with 8-CPT (1 μ M). Two days after transfection, cells were assayed for luciferase activity. Results are expressed as percentage activation of control. Results are means \pm S.E.M. for 3 independent experiments performed in triplicates.

Figure 2B: Epac induces expression of ANF mRNA. Cardiomyocytes were infected with Ad.EpacWT, Ad.RacG12V, or Ad.GFP (control) and stimulated or not with 8-CPT (1 μ M) for 2 days. ANF mRNA expression was determined by quantitative PCR as described in Methods. Values are expressed relative to the ANF/GCB ratio and results were normalized to control for each experiment. Results are presented as the mean \pm S.E.M. of 3 independent experiments performed in duplicates. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ compared with control.

Figure 3A, Figure 3B, Figure 3C, Figure 3D and Figure 3E

Epac induces cardiomyocytes hypertrophy in neonatal (Figures 3A, 3B and 3C) and adult (Figure 3D and 3E) rat primary cardiomyocytes.

Figure 3A: Fluorescent microscopic analyses of the effects of Epac on sarcomeric organization. Morphology of representative myocytes 48 h after infection with Ad.GFP as a control, or Ad.EpacWT is shown. The Epac selective activator, 8-CPT, was used at 1 μ M for 2 days in cells infected with Ad.GFP. For a positive control, cells were infected with Ad.GFP and treated with PE (1 μ M) for 2 days. Actin filaments were visualized by using Rhodamin-conjugated phalloidin.

Figure 3B: Photographic images of cells infected for 2 days with Ad.GFP or Ad.EpacWT and treated or not with either 8-CPT (1 μ M) or PE (1 μ M) were digitised. The areas (μm^2) of 30 to 50 individualized cells per condition from 2 to 3 independent experiments were determined by computer-assisted planimetry. Values show the means \pm S.E.M.

Figure 3C: [^3H]-leucine incorporation. Cardiomyocytes were treated as above and total radioactivity of incorporated [^3H]-leucine into proteins was determined by scintillation counting. The figure shows the mean \pm S.E.M. of data for 3 experiments performed in duplicate. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ compared with control Ad.GFP.

Figure 3D: α -actinin staining of cardiac myocytes infected with the Ad.GFP or the Ad.Epac^{WT} and GFP, or Ad.Epac^{dcAMP}, or Ad.Rap^{Q63E}, treated or not with an agonist of Epac, 8-CPT. Morphology of representative myocytes 48 h after infection with Ad.GFP as a control, Ad.Epac^{WT}/GFP or Ad.Rap^{Q63E} is shown. The Epac selective activator, 8-CPT was used at 1

μM for 2 days. α -actinin was visualized by immunocytochemistry as described in Methods. Pictures show from the upper to the lower panel: α -actinin staining (upper panel), GFP expression (middle), and merge from the two previous pictures (lower panel).

Figure 3E: Photographic images of rat adult cardiac myocytes infected for 2 days with the Ad.GFP, or Ad.Epac^{WT}, or Ad.Epac^{dcAMP} or Ad.Rap^{Q63E} and treated or not with 8-CPT (1 μM) and were digitized. The surface, the length, and the width of around 100 individualized cells per condition from 5 to 6 independent experiments were determined by computer-assisted planimetry. Values show the means \pm S.E.M.

Figure 4A, Figure 4B, Figure 4C, Figure 4D and Figure 4E

Epac induces intracellular Ca^{2+} transients and Ca^{2+} activates Rac.

In figures 4A, 4B, 4C and 4D, neonatal cardiomyocytes at day 1 or 2 after plating were loaded with the Ca^{2+} indicator Fluo3-AM and perfused with a control external ringer solution.

Figure 4A: Effect of 10 μM 8-pCPT-2'-O-Me-cAMP (8-CPT) on spontaneous spiking activity at 1.8 mM external $[\text{Ca}^{2+}]$.

Figure 4B: Effect of 10 μM 8-CPT in the presence of 20 mM external Cs^+ .

Figure 4C: Effect of 100 μM 8-CPT in the absence of external Ca^{2+} .

Figure 4D: Effect of 100 μM 8-CPT in the absence of external Ca^{2+} and presence of the PKA blocker H89 (1 μM).

Figure 4E: Effect of ionomycin on Rac activation. Primary rat ventricular cardiomyocytes were treated at 2 days *in vitro* with ionomycin (1 μM) for different times of incubation or PE (1 μM) for 15 min as a positive control. The amount of Rac-GTP was determined by pull down experiments followed by Western blotting using an anti-Rac antibody.

Figure 5A, Figure 5B and Figure 5C

Activation of NFAT by Epac.

Figures 5A and Figure 5B: Effect of Epac on NFAT transcriptional activity. Cardiomyocytes infected with Ad.GFP (control), Ad.EpacWT, or Ad.VIVIT were transfected with NFAT-Luc and treated or not with CsA (0,5 μM) for 48 h. Luc activity was assayed as described in Methods.

Figure 5C: Epac increases MCIP1 expression. Cardiac myocytes infected with Ad.GFP (control) or Ad.EpacWT were treated or not with 8-CPT (1 μM) for 2 days. The ratio of MCIP1/GCB mRNA was determined by quantitative PCR. Values are expressed relative to the MCIP1/GCB ratio.

Results were normalized to control for each experiment, and were expressed as means \pm S.E.M of at least 3 independent experiments performed in triplicate (Figures 5A and 5B) or duplicate (Figure 5C).

5 **Figure 6A and Figure 6B**

Ad.VIVIT inhibits Epac-induced cardiomyocyte hypertrophy

Figure 6A: Fluorescent microscopic analyses of the effects of Epac on sarcomeric organization. Morphology of representative myocytes 48 h after infection with Ad.GFP as a control, Ad.VIVIT, Ad.EpacWT, or Ad.EpacWT and Ad.VIVIT is shown.

10 Figure 6B: Photographic images of cardiac myocytes infected as above were digitised. Areas (μm^2) of around 50 individualized cells per condition from 3 independent experiments were determined by computer-assisted planimetry. Values show the means \pm S.E.M. * $p < 0.05$, ** $p < 0.01$ and *** $p < 0.001$ compared with control or versus indicated values.

15 **Figure 7A, Figure 7B and Figure 7C**

Epac activates CaMKII signaling pathway.

Figures 7A: Epac regulates MEF2 transcriptional activity. Cardiomyocytes infected with Ad.GFP (control), Ad.EpacWT, or Ad.Epac Δ cAMP were transfected with MEF2-Luc and treated or not with CsA (0,5 μM) for 48 h. Luc activity was assayed as described in Methods.

20 Figure 7B: Epac regulates MEF2 transcriptional activity. Cardiomyocytes infected with Ad.GFP (control), Ad.EpacWT, or Ad.Epac Δ cAMP were transfected with MEF2-Luc and treated or not with KN-93 (1 μM) for 48 h. Luc activity was assayed as described in Methods.

Figure 7C: KN-93 inhibits Epac-induced cardiomyocyte hypertrophy. Cardiomyocytes infected with Ad.GFP (control), or Ad.Epac Δ cAMP and treated or not with KN-93 (1 μM) for

25 2 days were stained with phalloidin. Photographic images were then taken and digitised. Areas (μm^2) of around 50 individualized cells per condition from 3 independent experiments were determined by computer-assisted planimetry. Results were normalized to control for each experiment, and were expressed as means \pm S.E.M of at least 3 separate experiments performed in triplicate.

30

Figure 8A, Figure 8B and Figure 8C

Involvement of Rac in Epac-induced NFAT dependent cardiomyocyte hypertrophy.

In figures 8A, 8B and 8C, cardiomyocytes infected with Ad.GFP (control), Ad.RacS17N, Ad.EpacWT, or Ad.EpacWT and Ad.RacS17N were transfected with NFAT-Luc, MEF2-Luc

or ANF-Luc. Two days after, Luc activity was determined. Luc activity was normalized to control for each experiment, and were expressed as means \pm S.E.M of at least 3 separate experiments performed in triplicate

In figure 8B, lower panel, the expression of the infected constructs was monitored using antibodies directed against HA and c-Myc.

Figure 9A and Figure 9B

Ad.RacS17N reverses Epac-induced cardiomyocyte hypertrophy.

Figure 9A: Photographic images of cells infected for 2 days with Ad.GFP (control), Ad.EpacWT, Ad.RacS17N, or Ad.EpacWT and Ad.RacS17N were digitised.

Figure 9B: The areas (μm^2) of 50 individualized cells per condition from 3 independent experiments were determined by computer-assisted planimetry. Values show the means \pm S.E.M. * $p < 0.05$, ** $p < 0.01$ and *** $p < 0.001$ versus control cells or indicated values.

Figure 10

Possible hypertrophic signaling pathways controlled by Epac.

Stimulation of Gs-coupled receptor activates the adenylyl cyclase (AC) which increases intracellular cAMP levels. Subsequent activation of Epac induces a rise in $[\text{Ca}^{2+}]_i$ which increases Rac activation. The small G protein Rac can both induce cytoskeletal reorganization and activation of the calcineurin / NFAT signaling pathway. Epac also regulates MEF2 transcriptional activity via CaMKII. Epac signaling pathway induces hypertrophic gene expression and cardiomyocyte growth.

Figure11

Activation of Epac1 increases protein synthesis in adult rat primary cardiomyocyte.

Cardiomyocytes were infected with the Ad.GFP (control), or the Ad.Epac^{WT} and GFP, or Ad.Rap^{Q63E}, treated or not with an agonist of Epac, 8-CPT, and total radioactivity of incorporated $[3\text{H}]$ -leucine into proteins was determined by scintillation counting. The Epac selective activator, 8-CPT was used at 1 μM for 2 days. As a positive control, cells were treated with the hypertrophic stimulus, phenylephrine for 2 days (1 μM). The figure shows the mean \pm S.E.M. of data for 3 experiments performed in duplicate. * $p < 0.05$, ** $p < 0.01$, compared with control Ad.GFP.

Figure 12

Epac1 is increased in patients with heart failure (HF, n=22).

Change in gene expression was analyzed by quantitative RT-PCR. Histograms show the relative mRNA abundance of human Epac1. Data are expressed as fold over control patients

5 (n= 11) normalized to the housekeeping gene GCB. Results are mean values \pm SEM.

Figure 13

Schematic representation of a bicistronic adenovirus (Ad.) bearing either Epac^{WT} (wild type) or Epac ^{Δ cAMP} (constitutive activated form of Epac1) under the control of a cytomegalovirus (CMV) promoter, and green fluorescent protein (GFP) under internal ribosomal entry site (IRES) control.

Figure 14

Schematic representation of the α -MHC-HA-Epac Δ AMP.

15 The cDNA coding for the human form of Epac1 lacking its first 322 amino acids (Epac Δ cAMP) and containing a HA epitope (HA) in its N terminus was fused upstream the α -Myosin Heavy Chain cardiac specific promoter (α -MHC).

20

EXAMPLES :**EXAMPLE 1: The cAMP-binding protein Epac induces cardiomyocyte hypertrophy****Materials and Methods****25 *Materials***

All media, sera and antibiotics used in the cell culture were purchased from Invitrogen (Cergy Pontoise, France). 8-(4-chloro-phenylthio)-2'-O-methyladenosine-3'-5'cyclic monophosphate (8-pCPT-2'-O-Me-cAMP) was from Biolog Life Science Institute (Bremen, Germany). Forskolin, 8-Bromo-cAMP, Phenylephrine and H89 were obtained from

30 Calbiochem (France Biochem, Meudon, France).

Cell culture

HL-1 atrial cardiomyocytes, a gift from Dr. Claycomb (Louisiana State University, New Orleans, LA, U.S.A.) were plated onto fibronectin-gelatin-coated plates or coverslips and cultured in Claycomb medium supplemented with 10% fetal bovine serum, 100 units/ml

penicillin, 100 µg/ml streptomycin, 0.1 mM norepinephrine, and 2 mM L-glutamine as described (Claycomb et al, 1998).

Neonatal rat ventricular myocytes were isolated according to the protocol described by Wollert and colleagues (Wollert et al. 1996) and modified as follows: ventricular cells from one day old wistar rats were individualized by digestion with collagenase A (Roche Diagnostics Corporation, Germany) and pancreatin. The cell suspension was purified by centrifugation through a discontinuous Percoll gradient (Sigma Aldrich, L'Isle d'Abeau Chesmes, France). Cardiomyocytes were plated in gelatin-coated culture dishes in Dubelcco's modified Eagle's medium (DMEM)/medium 199 (4/1) supplemented with 10 % horse serum (v/v), 5% newborn calf serum (v/v), glutamine and antibiotics. The day after, cardiomyocytes were switched to the maintenance medium composed of DMEM/medium 199 supplemented only with glutamine and antibiotics.

Adult rat ventricular myocytes were isolated from male Wistar rats (160–180 g). The rats were subjected to anesthesia by intraperitoneal injection of pentothal (0.1 mg/g), and hearts were excised rapidly. Individual ventricular myocytes were obtained by retrograde perfusion of the heart as previously described (Verde et al., 1999). Freshly isolated cells were suspended in minimal essential medium (MEM: M 4780; Sigma) containing 1.2 mM Ca^{2+} , 2.5% fetal bovine serum (FBS, Invitrogen, Cergy-Pontoise, France), 1% penicillin-streptomycin and 2% HEPES (pH 7.6) and plated on laminin-coated culture dishes (10 µg/ml laminin, 2 h) at a density of 10^5 cells per dish. The cells were left to adhere for 1 h in a 95% O_2 , 5% CO_2 incubator at 37 °C before adenoviral infection.

Adenoviral Infection

Bicistronic adenoviruses (Ad5) bearing either EpacWT or EpacΔcAMP under the control of a cytomegalovirus (CMV) promoter, and green fluorescent protein (GFP) under internal ribosomal entry site (IRES) control were constructed and amplified at the Genethon Center of Evry (France) (**Figure 13**). Adenoviruses encoding VIVIT, a selective peptide inhibitor of calcineurin-mediated NFAT activation, and Rac were provided by Drs. J. Molkentin and T. Finkel, respectively. One day after plating, cardiomyocytes were incubated for 2 h with recombinant adenoviruses. After removal of the virus suspension, cells were replaced in maintenance medium for 2 days and then stimulated with the different drugs. Viruses were used at a multiplicity of infection (MOI) of 100.

Concerning the adenoviral infection of adult rat ventricular myocytes, the cells were left to adhere for 1 h in a 95% O_2 , 5% CO_2 incubator at 37 °C, before the medium was

replaced by 200 μ l of Fetal Bovine Serum (FBS)-free MEM containing the Epac1 wild type (WT)-encoding adenovirus (Ad.Epac^{WT}), the constitutive active form of Epac1 (Ad.Epac Δ cAMP) adenovirus, the constitutive active form of Rap1 (Ad.Rap1^{Q63E}) or the green fluorescent protein-encoding adenovirus (Ad.GFP). Ad.Epac^{WT}, Ad. Rap1^{Q63E} or Ad.GFP were used at a multiplicity of infection (MOI) of 100 plaque-forming units (pfu) per cell, whereas Ad.Epac Δ cAMP was generally used at 500 MOI (see results). After 2 h, the same volume of FBS-free medium without adenovirus was added, and the cells were placed for 2 days in an incubator (37°C, 5%CO₂). The medium was changed the next morning for adenovirus- and FBS-free MEM.

10 *Plasmid constructs and transfection*

The plasmid constructs were generously provided by the following: a -3003 bp fragment of the rat ANF promoter fused to the luciferase reporter gene (ANF-Luc) by Dr. K. Knowlton, Luciferase reporter genes linked to promoters for skeletal muscle α -actin (SkM- α -actin-Luc) and serum response element-regulated c-fos (c-fos-SRE-Luc) by Dr. M. D. Schneider, Epac1 plasmid constructs by Dr. J. Bos. The luciferase reporter plasmid driven by four NFAT consensus binding sites (NFAT-Luc) or driven by the three MEF2 consensus binding sites (MEF2-Luc) was obtained from Stratagene and was kindly provided by Dr KC Wollert respectively. Transient transfection experiments were performed with Lipofectamine 2000 (Invitrogen Life Technologies, France) in opti-mem medium in the presence of 1 mg of the various plasmid constructs according to the manufacturer's instructions. Two days post-transfection, cells were lysed and assayed at 37°C for Luciferase activity using a Luciferase assay kit (promega corporation, Madison USA) in conjunction with a luminometer allowing automated luciferin solutions injection (Lumat LB 9507, EG & G Berthold).

[3H]-leucine incorporation

25 The assessment of protein synthesis was achieved by adding 1 mCi/ml of [3H]-leucine (Amersham Chemical Corp.) to each well for 24 h (neonatal cardiomyocytes) or 48 h (adult cardiomyocytes) in presence of adenoviruses and/or in stimulated conditions in the maintenance medium. Thereafter, the [3H]-leucine-containing medium was aspirated. Myocytes were washed three times with phosphate-buffered saline (PBS) and incubated with 30 5% trichloroacetic acid for 30 min at 4°C. The cell residues were rinsed in 70% and then 100% ethanol, solubilized in 0.33 M NaOH for 1 h and scrapped with a rubber policeman. Radioactivity was measured in a liquid scintillation counter (LS 6000 SC Beckman).

Actin staining and surface area

Cardiomyocytes were plated in Lab-Tek plastic chamber slides (Nunc), precoated with gelatin (0.2%) and incubated in the presence or absence of various agents. After 48 h, cells were rinsed three times with PBS containing 1% BSA and fixed by immersion in 4% paraformaldehyde during 30 min.

For actin cytoskeletal organization, cardiomyocytes were incubated with a 1/800 diluted solution of rhodamine phalloidine (Sigma Aldrich, L'isle d'Abeau Chesmes, France) for 45 min with gentle shaking.

Alternatively, cardiac actin organization was assessed by the following protocol: myocytes were incubated with 0.2% Triton X-100 for 5 min, followed by 0.5 mol / L NH_4Cl in PBS for 15 min. After a preincubation in 5% bovine serum albumin in PBS for 30 min, myocytes were incubated overnight with a mouse monoclonal antibody directed against cardiac sarcomeric α -actinin (cloneEA-53, 1/300, Sigma, France). The secondary antibody used was a goat anti-mouse IgG coupled to Alexa Fluor®594 (1/150, Molecular Probes).

Following washing with PBS, cells were finally mounted on glass coverslips in mowiol antifadent mounting medium (mowiol 8%, glycerol 8%, DABCO (di-aza-bicyclo-octane); France Biochem, Meudon, France). F-actin was analysed by confocal scanning laser microscope. Optical section series were obtained with a Plan Apochromat 63X objective (NA 1.4, oil immersion). Morphometric parameters were determined by computer-assisted planimetry (Perkin Elmer). Thirty to fifty individualized cells using the rhodamine phalloidine and 500 to 600 individualized cells using the cardiac sarcomeric α -actinin antibody were analyzed for each condition.

Rac activation assay

Rac pull-down experiments were performed using a GST fusion protein containing the Cdc42/Rac Interactive Binding Domain (CRIB) of PAK as previously described (Maillet et al, 2003). After stimulation, cells were lysed in RIPA buffer (50 mM Tris-HCl, pH 7.5; 500 mM NaCl; 20 mM MgCl_2 ; 0.5% deoxycholic acid; 0.1% SDS; 1% Triton X-100; 1 mM PMSF; 10 mg/ml leupeptin and aprotinin) and 2 mg of protein were incubated with GST-CRIB coupled to glutathione-sepharose beads (Amersham Biosciences) for 1h at 4°C. Beads were then washed three times in Rac washing buffer (50 mM Tris-HCl, pH 7.5; 150 mM NaCl, 20 mM MgCl_2 , 1% Triton X-100; 0.1 mM PMSF; 10 mg/ml leupeptin and aprotinin). Rac-GTP samples and total lysates were separated on SDS-PAGE gels and transferred onto a polyvinylidene difluoride (PVDF) membrane (Amersham Pharmacia Biotech). Membranes

were hybridised with an anti Rac1 monoclonal antibody (Upstate Biotechnology) and proteins were revealed by enhanced chemiluminescence (ECL+; Amersham Pharmacia Biotech).

Intracellular Ca²⁺ measurements

Neonatal rat ventricular myocytes at day 1 to 2 after isolation were loaded with the
5 Ca²⁺ indicator Fluo 3 AM (Molecular Probes, 10 μ M, 30 min, 37°C) in serum-free maintenance medium, and then washed for additional 30 min in external ringer solution containing (mM) NaCl 121, KCl 5.4, Hepes 10, Glucose 5, Na-pyruvate 5, NaHCO₃ 4, Na₂HPO₄ 0.8, MgCl₂ 1.8, CaCl₂ 1.8. Experiments were carried out in this solution or in the
10 ringer solution with 100 μ M EGTA and without added Ca²⁺ and Mg²⁺ and. In order to block HCN channels, 20 mM CsCl was added to the initial Ca²⁺ solution, while KCl was omitted and NaCl was reduced to 107 mM to maintain osmolarity constant. Cells were mounted on the stage of an inverted Nikon Eclipse microscope and visualized using a 63X oil immersion fluorescence objective. The field was illuminated at 488 nm with a xenon lamp. Images at 535 nm were captured by a CCD camera (Sensicam QE, photoline) driven by Metafluor software.
15 Experiments were performed at room temperature.

Reverse Transcription –Polymerase Chain Reaction (RT-PCR)

Left-ventricular samples obtained from human hearts were classified into two groups, control ("normal") donors and end-stage failing hearts. Total RNA was prepared from human tissue or from neonatal rat cardiomyocytes using the Trizol RNA purification system (Life
20 Technologies Inc.). RNA was then treated with DNase I (Life Technologies Inc.) and 3 mg of total RNA were then hybridized with oligo(dT) primer and reverse transcribed using Superscript reverse transcriptase II (Life Technologies Inc.). Quantitative RT-PCR was conducted with a LightCycler system (Roche) using a LightCycler-FastStart DNA Master SYBR Green I kit (Roche) and specific primer pair for human Epac1 (5'-
25 GCTCTTTGAACCACACAGCA -3'; 5'-TGTCTTCTCGCAGGATGATG -3'), or ANF (5'-GGGCTCCTTCTCCATGACCAA-3'; 5'-CTTCATCGGTCTGCTCGCTCA-3') or MCP1 (5'-AGCGAAAGTGAGACCAGGGC-3'; 5'-GGCAGGGGGAGAGATGAGAA-3'). PCR reactions were performed using the following cycle conditions: denaturation for 10 sec at 95°C, annealing for 5 s at 60°C and extension for 11 sec at 72°C. Dissociation curves were
30 generated after each PCR run to ensure that a single specific product was amplified. Glucocerebrosidase (GCB) was measured as a reference gene using the primer pair 5'-GCACAACCTTCAGCCTCCCAGA-3' and 5'-CTTCCCATTACCGCTCCATT-3'.

Statistical Analysis

Results are expressed as means \pm SEM. Differences between groups have been analyzed by one-way ANOVA followed by unpaired Student's t test. Differences were considered significant when * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$.

Results :

Epac activates the small G protein Rac in cardiomyocytes

The Inventors directly assayed Rac GTP-loading using a glutathione S-transferase (GST) fusion protein containing the Cdc42-Rac interactive binding domain (CRIB) of p21-activated kinase (PAK). Activation of endogenous Epac with a selective activator of this GEF, 8-pCPT-2'-O-Me-cAMP (8-CPT) (Enserink et al, 2002) increased Rac activation in rat cardiac myocytes (**Figure 1A**). Similarly, infection of cardiomyocytes with an adenovirus encoding Epac1WT (Ad.EpacWT) significantly enhanced Rac GTP-loading compared to control cells infected with GFP (**Figure 1A**). Rac activation was further increased when cells infected with Ad.EpacWT were treated with 8-CPT (1 μ M) for 10 min (**Figure 1A**). As shown in **Figure 1A**, an adenovirus bearing a constitutive activated form of Epac1 (Ad.Epac- Δ cAMP) (de Rooij et al, 1998) significantly induced Rac activation. The fact that Ad.EpacWT had similar effects on Rac activity as observed for Ad.Epac- Δ cAMP could be explained by its activation with endogenous cAMP. The regulation of Rac activity by Epac was not restricted to ventricular cardiomyocytes since a 10 min exposure of HL-1 adult mouse atrial cells to 8-CPT (100 μ M) caused a strong increase in the amount of Rac-GTP (**Figure 1B**). In this cell line, 8-CPT-induced Rac activation was detected upon 5 min treatment with this cAMP analogue (**Figure 1C**). Furthermore, the Inventors observed that a potent activator of adenylyl cyclase, forskolin (100 μ M) and a cAMP analogue, 8-Br-cAMP (100 μ M) mimicked the effect of 8-CPT on Rac activation (**Figure 1B**). Altogether, these results demonstrate that recombinant and native Epac induce the conversion of Rac into an activated state in atrial and ventricular cardiomyocytes.

Epac increases the expression of hypertrophy gene markers

As Rac has been found to be involved in cardiac myocyte hypertrophy (Pracyk et al, 1998; Sussman et al, 2000), the Inventors next tested the potential involvement of Epac in this process. Re-expression of embryonic genes and transient activation of immediate early genes are frequently used indexes of myocyte hypertrophy (Chien et al, 1991). The ability of Epac to stimulate gene expression was determined using luciferase (Luc) constructs under the control of promoters for atrial natriuretic factor (ANF), skeletal muscle (SkM) α -actin and the

c-fos-responsive element (c-fos-SRE). **Figure 2A** shows a three fold activation of the ANF-Luc reporter gene in neonatal cardiomyocytes stimulated with 8-CPT (1 μ M) compared to control cells. Transient transfection of Epac1WT as well as 8-CPT (1 μ M) increased the basal level of ANF-Luc activity (**Figure 2A**). A constitutive activated form of Rac (RacG12V) mimicked the effect of Epac on ANF-Luc activity (**Figure 2A**). Accordingly, endogenous expression of ANF mRNA was significantly increased in ventricular cardiomyocytes infected with Ad.EpacWT and stimulated or not with 8-CPT (1 μ M), as compared to cell infected with control Ad.GFP (**Figure 2B**). Similar results were obtained with an adenovirus expressing Ad.RacG12V (**Figure 2B**). In addition, when cotransfection experiments were performed with SkM- α -actin-Luc or c-fos-SRE-Luc, it was found that EpacWT, Epac- Δ cAMP, or RacG12V significantly increased Luc activity compared to control cells (**Figure 2C and 2D**).

Epac increases cardiomyocyte size and sarcomeric organization

Further studies were undertaken to determine the effects of Epac on other features of the hypertrophic program such as cell size and sarcomeric organization. Cytoskeletal organization was analysed by phalloidin staining. Cardiomyocyte treatment with Ad.GFP and 8-CPT (1 mM) as well as infection of cardiomyocytes with Ad.EpacWT induced an apparent increase of the F-actin meshwork and an heavily striated appearance, reflecting the organization of this F-actin cytoskeleton into sarcomeric structures, as compared to cardiomyocytes infected with Ad.GFP alone (**Figure 3A**). The effects of Epac on sarcomeric organization were comparable to Ad.Epac- Δ cAMP (data not shown) and PE (1 mM) (**Figure 3A**), a well known inducer of cardiac hypertrophy. To further characterize the ability of Epac to induce morphological hypertrophy, the Inventors measured cell surface area. Activation of endogenous Epac with 8-CPT (1 μ M) produced a two fold increase in cell surface area when compared to cardiac myocytes infected with control Ad.GFP (**Figure 3B**). Identical results were obtained when cardiomyocytes were infected with Ad.EpacWT (**Figure 3B**), Ad.Epac- Δ cAMP (data not shown), or Ad.GFP and treated with PE (1 μ M) (**Figure 3B**). The effect of Ad.EpacWT on cell surface area was not further increased in the presence of 8-CPT (1 μ M) suggesting that intracellular cAMP was sufficient to activate recombinant Epac to induce its maximal effect on protein synthesis (**Figure 3B**).

Similar results were obtained with adult rat primary cardiomyocytes. The actin organization was assessed using an antibody directed against cardiac sarcomeric α -actinin and then cell surface area was measured. Figures 3D and 3E show that cells infected with Ad.EpacWT in the presence of 8-CPT (1 μ M), Ad.Epac- Δ cAMP or a constitutive activated

form of Rap1, Rap^{Q63E} significantly increased cell size as compared to control cells infected with GFP.

Finally, the effect of Epac on protein synthesis was analyzed by measurement of [3H]-leucine incorporation into cardiac myocytes. Consistent with the ability of Ad.EpacWT to increase cell surface area, expression of this cAMP-GEF resulted in an increase in [3H]-leucine uptake into cardiomyocytes (**Figure 3C**). Similarly, cell treatment with the Epac-selective cAMP analogue, 8-CPT (1 μ M) or the gold standard, PE (1 μ M) resulted in an approximate two fold increase in protein synthesis (**Figure 3C**). In addition, Ad.EpacWT in the presence of 8-CPT and Rap^{Q63E} significantly increased protein synthesis as compared to control cells infected with Ad.GFP in primary adult cardiac myocytes (**Figure 11**). Altogether, these results show that Epac activation confer all the features of the hypertrophic phenotype in primary ventricular cardiomyocytes.

Epac activation increases Ca²⁺ transients frequency

Alterations in intracellular Ca²⁺ handling progressively exacerbate a hypertrophic or cardiomyopathic phenotype, in part, through sustained activation of Ca²⁺-sensitive signal transduction pathways (Balke & Shorofsky, 1998). Given the involvement of Epac in cardiac hypertrophy, the Inventors examined whether its activation could affect intracellular Ca²⁺ concentration ([Ca²⁺]_i) in neonatal myocytes (**Figure 4**). As seen in **Figure 4A**, at physiological external [Ca²⁺], these cells exhibited spontaneous Ca²⁺ transients with a low frequency (0.120 ± 0.015 Hz, n=20). Application of the Epac agonist 8-CPT (10 μ M) triggered a dramatic increase in the frequency of these Ca²⁺ oscillations (0.51 ± 0.04 Hz, n=7) without changing the amplitude of the spikes. This effect was also observed at 100 nM 8-CPT (0.40 ± 0.05 Hz, n=13, data not shown). HCN channels underlie the pacemaker current I_f which is an important contributor of automaticity in neonatal ventricular cells (Er et al, 2003). I_f is directly regulated by cAMP and its activation by the cAMP analogue, 8-CPT would be expected to increase spontaneous diastolic depolarisation and rhythmic activity. To test this hypothesis, the Inventors analysed the effect of 8-CPT (10 μ M) in the presence of 20 mM Cs⁺ in the external medium to block HCN channels. As seen in **Figure 4B**, external Cs⁺ failed to prevent the effect of 8-CPT on spontaneous Ca²⁺ transients, and rather amplified them. Indeed, in these conditions, spike frequency was increased from 0.09 ± 0.11 Hz to 1.25 ± 0.35 Hz by 8-CPT (n=8).

The Inventors next tested the dependence of the 8-CPT effect towards extracellular Ca²⁺. In the absence of this ion in the bath, spontaneous Ca²⁺ transients were virtually

abolished and 8-CPT (10 μ M) had no effect (data not shown). However, increasing the concentration of the Epac agonist to 100 μ M triggered the generation of Ca²⁺ spikes (0.004 ± 0.002 Hz in basal and 0.12 ± 0.02 Hz in the presence of 100 μ M 8-CPT, $n=4$, **Figure 4C**). This effect was independent of PKA since an inhibitor of this kinase, H89 failed to block 8-CPT-induced increase in Ca²⁺ transients frequency (**Figure 4D**). In the presence of H89 (1 μ M), 8-CPT (100 μ M) increased the basal spike frequency from 0.012 ± 0.007 Hz to 0.23 ± 0.049 Hz ($n=8$). These data indicate that Epac activation produces bursts of Ca²⁺ transients in neonatal cardiac myocytes, in part by mobilizing an internal Ca²⁺ source.

As described above, Epac induced Rac activation. Therefore, the Inventors examined the dependence of Rac activation on Ca²⁺ signaling. Treatment of cardiac myocytes with the Ca²⁺ ionophore ionomycin (1 μ M) increased Rac activation in a time dependent manner (**Figure 4E**). The effect of ionomycin on Rac activation was as potent as PE (1 μ M) which was used as a positive control in the experiments (**Figure 4E**). From these results the Inventors conclude that elevation of intracellular [Ca²⁺]_i is sufficient to activate Rac.

Epac activates the hypertrophic calcineurin/NFAT and MEF2 signaling pathways

To test whether Epac may activate the hypertrophic calcineurin NFAT signaling pathway, primary cardiomyocytes were transfected with a Luc reporter plasmid driven by four NFAT consensus binding sites (NFAT-Luc) and infected with Ad.EpacWT. As shown in **Figure 5A**, Ad.EpacWT significantly increased NFAT transcriptional activity as compared to control cells infected with Ad.GFP. In contrast, Ad.EpacWT had no effect on the promoterless pGL3 basic vector (data not shown). Epac-induced NFAT transcriptional activity was blocked by a pharmacological inhibitor of calcineurin, cyclosporine A (CsA) (0.5 μ M) (**Figure 5A**). Consistent with this finding, an adenovirus bearing a selective peptide inhibitor of calcineurin named VIVIT (Ad.VIVIT) (Aramburu et al, 1999), blocked the stimulating effect of Ad.EpacWT on NFAT transcriptional activity (**Figure 5B**). In addition, the Inventors found that cardiac myocytes infected with Ad.EpacWT and treated or not with 8-CPT (1 μ M) (**Figure 5C**), or Ad.Epac-DcAMP (data not shown) had an increased mRNA encoding the modulatory calcineurin-interacting protein 1 (MCIP1), a mediator of calcineurin signaling during cardiac hypertrophy (Yang et al, 2000). The Inventors also analysed the effect of Ad.VIVIT on the Epac-induced cytoskeletal reorganization into a sarcomeric structure by phalloidin staining. Co-infection with Ad.VIVIT and Ad.EpacWT reduced the enhancement of sarcomeric organization induced by Ad.EpacWT (**Figure 6A**). As expected, the ability of Ad.EpacWT to increase cell surface area was significantly decreased by Ad.VIVIT (**Figure**

6B). Altogether these data show that NFAT is a downstream component of Epac hypertrophic signaling pathway.

Next, the Inventors investigated whether MEF2 is also a target for Epac hypertrophic signaling. Infection of cardiomyocytes with either Ad.EpacWT or Ad.Epac-DcAMP produced a strong increase in MEF2 transcriptional activity (**Figure 7A**). Because calcineurin has been shown to stimulate MEF2 activity in cardiomyocytes (Zhang et al, 2002), the Inventors tested whether CsA could block the ability of Epac to enhance MEF2 transcriptional activity. As shown in **Figure 7A**, CsA (0.5 μ M) failed to inhibit Epac-induced MEF2 dependent luciferase activity indicating that calcineurin was not involved in this signaling pathway. In contrast, an inhibitor of CaMKII, KN-93 (1 μ M) (Tombes et al, 1995) completely blocked the effect of EpacWT or Epac-DcAMP on MEF2-Luc activity (**Figure 7B**). These results suggest a requirement for CaMKII in Epac-induced MEF2 transcriptional activity. Accordingly, the Inventors found that Ad.Epac-DcAMP-induced increase in cell surface area was significantly decreased by KN-93 (1 μ M) (**Figure 7C**).

Involvement of Rac in Epac-induced NFAT dependent cardiomyocyte hypertrophy

As Rac was found to be a downstream component of Epac signaling pathway (**Figures 1A, 1B et 1C**), the Inventors next examined the involvement of Rac in Epac-induced NFAT and MEF-2 transcriptional activities. Primary cardiomyocytes were transfected with either NFAT-Luc or MEF2-Luc, and the effect of RacS17N, a negative dominant form of Rac was tested on Epac-mediated activation of the Luc reporter constructs. Ad.RacS17N completely inhibited Epac-induced NFAT transcriptional activity (**Figure 8A**) whereas Ad.RacS17N had no effect on MEF2 transcriptional activity in cells infected with either Ad.EpacWT (**Figure 8B**) or Ad.Epac-DcAMP (data not shown). The involvement of Rac in Epac signaling pathway controlling cardiomyocyte hypertrophy was further supported by the observation that Ad.RacS17N inhibited Epac-induced ANF expression (**Figure 8C**). Consistent with these findings, Ad.RacS17N inhibited Epac-induced cytoskeletal reorganization (**Figure 9A**) and increase in cell surface areas (**Figure 9B**). Altogether, these data clearly indicate that Epac activates calcineurin/NFAT signaling pathway via the small G protein, Rac (**Figure 10**).

Epac1 is increased in patients with heart failure

To test whether the expression level of Epac is deregulated in heart failure, the Inventors performed the quantification of the major isoform of Epac in the heart, Epac1 by quantitative reverse transcriptase-polymerase chain reaction (RT-PCR). As shown in **Figure 12**, Epac1

mRNA expression is significantly increased in patients with heart failure as compared to control samples.

Discussion

5 The present study shows for the first time that cAMP-dependent activation of Epac induces cardiomyocyte hypertrophy in adult and neonatal rat cardiac myocytes. This is based on the observation that Epac activation leads to morphological changes, increases protein synthesis and induces alteration of gene expression of cardiac hypertrophic markers such as ANF and skeletal α -actin. In addition, the Inventors found that Epac activates a
10 prohypertrophic signaling pathway which involves the Ca^{2+} sensitive phosphatase, calcineurin and its primary downstream effector, NFAT as well as MEF2. Epac-induced NFAT activation was dependent of Rac activity.

 In their study, the Inventors showed that the Epac-specific cAMP analogue 8-CPT produces bursts of Ca^{2+} transients in neonatal myocytes. Low concentrations of 8-CPT (100
15 nM) elicited this effect in the presence of physiological external $[\text{Ca}^{2+}]$, while much higher ones (100 μM) were required in the absence of extracellular Ca^{2+} . In other words, the apparent potency of 8-CPT to trigger intracellular Ca^{2+} spikes was enhanced in the presence of external Ca^{2+} . Several explanations could be given to such an observation. A trivial one is that external Ca^{2+} directly facilitates 8-CPT penetration in the cell. Alternatively, these
20 results suggest that 8-CPT acts through two distinct mechanisms, the activation of a Ca^{2+} influx with a high sensitivity and, with a lower sensitivity, the mobilisation of intracellular Ca^{2+} .

 In agreement with structural data (Enserink et al, 2002), the present results exclude the participation of HCN channels and PKA, the two other main cAMP targets in cardiac cells, as
25 a mechanism of 8-CPT action on Ca^{2+} homeostasis. Indeed **Figures 4B and 4D** show that neither Cs^{+} nor the pharmacological PKA inhibitor H89 prevented 8-CPT-induced Ca^{2+} transients. Therefore, Epac-induced intracellular Ca^{2+} modulation might complement the previously reported ability of cAMP to enhance the activity of L-type Ca^{2+} channels and to sensitize RyR2 in a PKA-dependent manner in cardiac myocytes. The findings of the
30 Inventors are in line with recent studies in pancreatic β -cells and INS-1 insulin-secreting cells, demonstrating a PKA-independent mobilization of intracellular Ca^{2+} by the cAMP-elevating hormone glucagon-like peptide 1 and the implication of Epac in this effect (Tsuboi et al, 2003). In these cells, activation of endogenous Epac triggers Ca^{2+} -induced Ca^{2+} release (Kang et al, 2003) and it is suggested that a functional coupling exists between Epac and the

RyR in these cellular systems (Holz, 2004). Therefore, one could imagine in cardiac myocytes, that Epac might interact with Ca^{2+} release channels or act via an intermediary to promote kinase-mediated phosphorylation of Ca^{2+} handling proteins. Interestingly, the small GTPase Rap1 which is an effector of Epac is suspected to play a role in cAMP-induced $[\text{Ca}^{2+}]_i$ increase via SERCA3b in megakaryocytes (den Dekker et al, 2002; Magnier et al, 1994). Alternatively, inositol 1,4,5-trisphosphate receptors (IP3Rs) might be involved in Epac-induced intracellular Ca^{2+} release since this cAMP-GEF has been previously shown to stimulate phospholipase C via the small GTPase Rap2B in HEK-293 cells and neuroblastoma cell lines (Keiper et al, 2004).

The Inventors found that the Epac-specific activator, 8-CPT induced Rac activation in primary cardiomyocytes and HL-1 cells. In addition, the Inventors showed that EpacWT or Epac- Δ cAMP expression also enhanced Rac activation in rat cardiomyocytes. This is in accordance with the recent findings of the Inventors showing that Epac induces Rac activation in a cAMP-dependent but PKA-independent manner in non-cardiac cells such as primary cortical neurons and CHO cells (Maillet et al, 2003). As the Inventors found that Rac was activated by Ca^{2+} following Epac stimulation, it is reasonable to think that Rac might be regulated by a GEF which is sensitive to Ca^{2+} . Such a GEF has been reported for small GTPases of the Ras family (Keiper et al, 2004; Quilliam et al, 2002). Another molecular target which could be involved in Ca^{2+} -dependent Rac activation is the Rho GDP-dissociation inhibitor (RhoGDI). Indeed, RhoGDI retains Rac into the cytoplasm and must dissociate to allow Rac to encounter its GEFs (Robbe et al, 2003; Schmidt & Hall, 2002). Recently, Price and colleagues (2003) have shown that Ca^{2+} induces a disruption of the Rac-Rho GDI complex leading to the translocation and activation of Rac in PC3 cells. Thus, one could speculate that such a mechanism might occur in cardiomyocytes and contribute to Epac-induced Ca^{2+} -dependent Rac activation.

The Inventors report for the first time that Epac is implicated in the activation of NFAT and MEF2 in cardiac myocytes. The ability of Epac to stimulate NFAT activity was significantly inhibited by treatment with CsA and VIVIT, suggesting that calcineurin activity is regulated by Epac. Accordingly, the Inventors found that Epac up-regulates the expression of MCIP1, a well known modulator of calcineurin signaling which possesses a series of NFAT binding sites in its gene promoter (Vega et al, 2002; Yang et al, 2000). In addition, Ad.VIVIT partially reversed Epac-induced cardiomyocyte hypertrophy indicating that Epac is a new regulator of the hypertrophic calcineurin/NFAT signaling pathway. Interestingly, expression of a negative dominant form of Rac, RacS17N inhibited Epac-induced NFAT

activation but failed to do so on MEF2 transcriptional activity. In accordance with the present results, RacS17N has been shown to block NFAT activation in immune cells (Jacinto et al, 1998).

A variety of Ca²⁺-dependent signal transduction pathways have been implicated in cardiac hypertrophy, but whether these pathways are dependent or interdependent is unclear (Molkentin, 2004; Zhang & Brown, 2004). Passier and colleagues (2000) have reported that calcineurin/NFAT and CaMKII/MEF2 pathways act in parallel and preferentially target different transcription factors to induce cardiac hypertrophy. However, in their study, the Inventors found that both calcineurin/NFAT and CaMKII/MEF2 pathways were required to trigger the hypertrophic program in neonatal cardiomyocytes as independent inhibition of one of these two signaling cascade was sufficient to block Epac-induced hypertrophic growth (**Figures 7D, 8C, 9A**). This raises the possibility that CaMKII and calcineurin pathways converge on common downstream target genes in the hypertrophic signaling pathway initiated by Epac. In line with this hypothesis, NFAT has been shown to bind DNA in conjunction with MEF2, in promoter/enhancer regions controlling transcription of genes encoding proteins of the slow-fiber program (Chin et al, 1998). In addition, two hypertrophic signaling modules, calcineurin/NFAT and MEK1-ERK1/2 coordinately regulate cardiac growth through two distinct mechanisms (Sanna et al., 2005).

Thus, the Inventors propose a new cAMP signaling pathway in which a prolonged activation of Epac leads to a sustained increase in [Ca²⁺]_i which then activates CaMKII and Rac. The latter increases calcineurin/NFAT activation. This signaling cascade activates hypertrophic gene expression and induces the morphological aspects of cardiac myocyte hypertrophy (**Figure 10**). These results thus open new insights into the signaling pathways by which cAMP may mediate its biological effects in cardiomyocytes and thus, raise the question of the identity of the neurohormonal factors which are involved in the regulation of Epac activity in cardiac myocytes. Finally, the fact that the Inventors found an upregulation of Epac1 gene expression in patients with heart failure suggests that this guanine nucleotide exchange factor contribute to the development of this pathology and strengthens the hypothesis that inhibitors of Epac are useful for the treatment of such cardiac pathology.

EXAMPLE 2: Construction of siRNAs that specifically inhibit the expression of Epac

To provide siRNAs that specifically inhibit the expression of Epac, the following guidelines are used according to Elbashir et al., 2002 : 1) Selection of the target region from

the open reading frame (ORF) of the cDNA sequence preferably 50 to 100 nucleotides downstream of the start codon. 2) Determination of a 21 nucleotide sequence in the target mRNA that begins with an AA dinucleotide (Elbashir et al., 2001). Thus sequences are 5'-AA(N19)UU, where N is any nucleotide. Sequences must contain approximately 50% G/C. 3) Blast-search (www.ncbi.nih.gov/BLAST) the selected siRNA sequences against EST libraries or mRNA sequences of the respective organism to ensure that only a single gene is targeted. Any target sequences with more than 16 to 17 contiguous base pairs of homology to other coding sequences must be eliminated. 4) Synthesis of several siRNA sequences are advisable to control for the specificity of the knock-down experiments.

Then A) the software of Qiagen company or the software "online target finder" of the custom chemical synthesis service for siRNA present on the website of the RNA company Ambion is used to design potential sequences based on the guidelines described above.

B) Selected siRNA sequences are purchased fully deprotected, desalted with PAGE purification and delivered in dry form along with RNase-free water and 5X annealing buffer.

C) The next step is the annealing of the siRNAs to produce siRNA duplexes ready to use for RNAi transfection experiments. Annealing can be performed as follows: incubation of equimolecular concentration of oligonucleotides (20 μ M) in annealing buffer for 1 min at 90°C, centrifugation (15s) and incubation at 37°C for 1h. The siRNA duplex (20 μ M) is ready to use for RNAi experiments and can be stored at -20°C and undergo multiple freeze-thaw cycles.

D) Transfection of siRNA duplex is performed using the Lipofectamine 2000 (Clontech) in primary neonatal rat cardiomyocytes with optimum medium according to the manufacturer's instructions and assay for silencing is carried out 1 and 2 days after transfection. The rat neonatal cardiomyocytes are seeded the previous day in 12 well plates at 40 to 50% of confluence. Transfection efficiency is typically around 90-95%, although it is cell type dependent.

E) The effect of silencing of the several isoforms of Epac (Epac1 accession number NM_006105 of sequence SEQ ID NO : 1, Epac2 NM_007023 of sequence SEQ ID NO : 3 and Repac BC_039203 of sequence SEQ ID NO : 5) is investigated on various parameters of cardiac hypertrophy (cell size, hypertrophic gene markers) upon cardiomyocytes treatment with various hypertrophic stimuli (i.e : isoproterenol, angiotensin II, phenylephrine, endotheline-1), in the aim of future applications in human cardio-physiopathology.

EXAMPLE 3: Non human model of cardiac hypertrophy induced by Epac.

Cardiac hypertrophy has been induced in mouse by the specific expression of a positive dominant form of Epac1 (Epac- Δ cAMP) in mouse cardiomyocytes. The cDNA coding for the human form of Epac1 lacking its first 322 amino acids (Epac Δ cAMP) and
5 containing a HA epitope in its N terminus (de Rooij *et al.*, *Nature* 396: 474-477) was fused to the α -Myosin Heavy Chain cardiac specific promoter (Gulick *et al.*, 1991) (**Figure 14**). The plasmid construct containing the α -Myosin Heavy Chain promoter cloned upstream HA-Epac- Δ cAMP (**Figure 14**) is then linearized and inserted into the Hypoxanthine PhosphoRibosylTransferase (*hprt*) locus of BPES cells *hprt* negative, according to the
10 technique described by Farhadi *et al.* 2003 and to the international application WO2005/005619. Positive clones are then microinjected into mouse blastocytes (C57Bl/6 genetic background), which are grafted into foster females. Offspring is screened for the presence of the transgene by Southern blotting analysis performed on DNA extracted from tail biopsies. Second generation of transgenic heterozygous animals is sacrificed to check for the
15 RNA and the protein expressions of the transgene and its functional activity in the heart.

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CLAIMS

1. The use of at least one Epac (Exchange Protein directly Activated by cAMP) antagonist for the manufacture of a medicament intended for the prevention or the treatment of pathologies
5 selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis.
2. The use according to claim 1, wherein the antagonist is selected from the list comprising Epac activation inhibitors, Epac activity inhibitors, Epac intracellular localization disruption
10 agents, and Epac expression inhibitors.
3. The use according to claim 1 or 2, wherein the antagonist is an Epac activation inhibitor selected from the list comprising :
 - antibodies, fragments thereof, or aptamers, directed against Epac cAMP binding sites,
 - 15 - cAMP analogues, such as cAMP derivatives or 8-(4-chlorophenylthio)-2'-O-methyladenosine-3'-5-cyclic monophosphate (8-CPT-2'-O-Me-cAMP) derivatives,
 - Brefeldin A or derivatives thereof.
4. The use according to claim 1 or 2, wherein the antagonist is an Epac activity inhibitor, in
20 particular an inhibitor of the Guanine nucleotide Exchange Factor (GEF) domain of Epac, or an inhibitor of the Ras Exchange Motif (REM) domain of Epac, selected from the list comprising:
 - antibodies, fragments thereof, or aptamers, directed against the GEF domain or the REM domain of Epac,
 - 25 - Brefeldin A or derivatives thereof.
5. The use according to claim 1 or 2, wherein the antagonist is an Epac intracellular localization disruption agent, selected from the list comprising:
 - antibodies, fragments thereof, or aptamers, directed against an Epac cellular localization
30 domain, such as the Dishevelled Egl-10 Pleckstrin (DEP) domain,
 - Brefeldin A or derivatives thereof.
6. The use according to claim 1 or 2, wherein the antagonist is an Epac expression inhibitor selected from the list comprising:

- an antisense nucleic acid directed against Epac mRNAs,
- a single stranded DNA, directed against Epac double strand DNA,
- a double stranded RNA, a siRNA or a shRNA, comprising Epac nucleic acid sequences,
- a ribozyme directed against Epac mRNAs.

5

7. A method for treating a pathology selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis, in a patient, comprising administering to said patient a therapeutically effective amount of at least one Epac antagonist.

10

8. The method according to claim 7, wherein the antagonist is selected from the list comprising Epac activation inhibitors, Epac activity inhibitors, Epac intracellular localization disruption agents, and Epac expression inhibitors.

15 9. The method according to claim 7, wherein the antagonist is an Epac activation inhibitor selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against Epac cAMP binding sites,
- cAMP analogues, such as cAMP derivatives or 8-(4-chlorophenylthio)-2'-O-methyladenosine-3'-5-cyclic monophosphate (8-CPT-2'-O-Me-cAMP) derivatives,

20 - Brefeldin A or derivatives thereof.

10. The method according to claim 7, wherein the antagonist is an Epac activity inhibitor, in particular an inhibitor of the Guanine nucleotide Exchange Factor (GEF) domain of Epac, or an inhibitor of the Ras Exchange Motif (REM) domain of Epac, selected from the list comprising:

25 - antibodies, fragments thereof, or aptamers, directed against the GEF domain or the REM domain of Epac,

- Brefeldin A or derivatives thereof.

30 11. The method according to claim 7, wherein the antagonist is an Epac intracellular localization disruption agent, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against an Epac cellular localization domain, such as the Dishevelled Egl-10 Pleckstrin (DEP) domain,
- Brefeldin A or derivatives thereof.

12. The method according to claim 7, wherein the antagonist is an Epac expression inhibitor selected from the list comprising:

- an antisense nucleic acid directed against Epac mRNAs,
- 5 - a double stranded RNA, a siRNA or a shRNA comprising Epac nucleic acid sequences,
- a ribozyme directed against Epac mRNAs.

13. Pharmaceutical compositions comprising as active substance an Epac expression inhibitor selected from the list comprising:

- 10 - an antisense nucleic acid directed against Epac mRNAs,
- a double stranded RNA, a siRNA or a shRNA comprising Epac nucleic acid sequences,
- a ribozyme directed against Epac mRNAs.

in association with a pharmaceutically acceptable carrier.

15 14. Pharmaceutical compositions comprising as active substance an Epac activation inhibitor, an Epac activity inhibitor, or an Epac intracellular localization disruption agent, selected from the list comprising:

- antibodies, fragments thereof, or aptamers, directed against Epac cAMP binding sites,
- antibodies, fragments thereof, or aptamers, directed against the GEF domain or the REM
- 20 domain of Epac,
- antibodies, fragments thereof, or aptamers, directed against an Epac cellular localization domain, such as the DEP domain,
- in association with a pharmaceutically acceptable carrier.

25 15. The use of Epac for screening compounds intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis.

30 16. A method for screening compounds intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis, comprising the steps of:

- contacting Epac with a compound to screen in the presence of cAMP or an Epac activating cAMP analogue,
- assaying Epac activation,
- selecting compounds which inhibit Epac activation, in particular compounds which inhibit at least 30% of Epac activation, as compared to Epac activation in the absence of said compounds.

17. The method according to claim 16, wherein Epac is also contacted with an effector protein liable to be activated upon Epac activation, such as Rap1, Rap2, Rac or Ras, and Epac activation is assessed by measuring the activity of said effector protein.

18. A method for screening compounds intended for the prevention or the treatment of pathologies selected from the list comprising cardiac hypertrophy, cardiac arrhythmias, valvulopathies, diastolic dysfunction, chronic heart failure, ischemic heart failure, and myocarditis comprising the steps of:

- contacting cardiomyocytes having increased Epac activity as compared to normal cardiomyocytes with compounds to screen,
- assessing the hypertrophic properties of said cardiomyocytes having increased Epac activity,
- selecting compounds which inhibit the hypertrophic properties of said cardiomyocytes having increased Epac activity, as compared to the hypertrophic properties of cardiomyocytes having increased Epac activity not treated by said compounds.

19. The method according to any of claims 16 to 18, wherein the compounds to screen are:

- cAMP analogues, such as cAMP derivatives or 8-(4-chlorophenylthio)-2'-O-methyladenosine-3'-5-cyclic monophosphate (8-CPT-2'-O-Me-cAMP) derivatives, or
- Brefeldin A derivatives.

20. A non-human transgenic mammal for use as a model of cardiac hypertrophy, wherein Epac activity is increased with respect the corresponding wild type non-human mammal.

21. A non-human transgenic mammal for use as a model of cardiac hypertrophy according to claim 20, wherein Epac is over-expressed with respect the corresponding wild type non-human mammal, in particular said non-human transgenic mammal comprises Epac coding

sequences under the control of cardiac-specific promoters having a stronger transcription activity than Epac natural promoter, such as the promoter of the α -Myosin Heavy Chain.

22. A non-human transgenic mammal for use as a model of cardiac hypertrophy according to claim 20 or 21, wherein said non-human transgenic mammal comprises nucleic sequences
5 encoding a constitutively activated form of Epac lacking the activating cAMP binding domain.

23. A non-human transgenic mammal for use as a model of cardiac hypertrophy according to claim 20 to 22, wherein said mammal is a mouse.

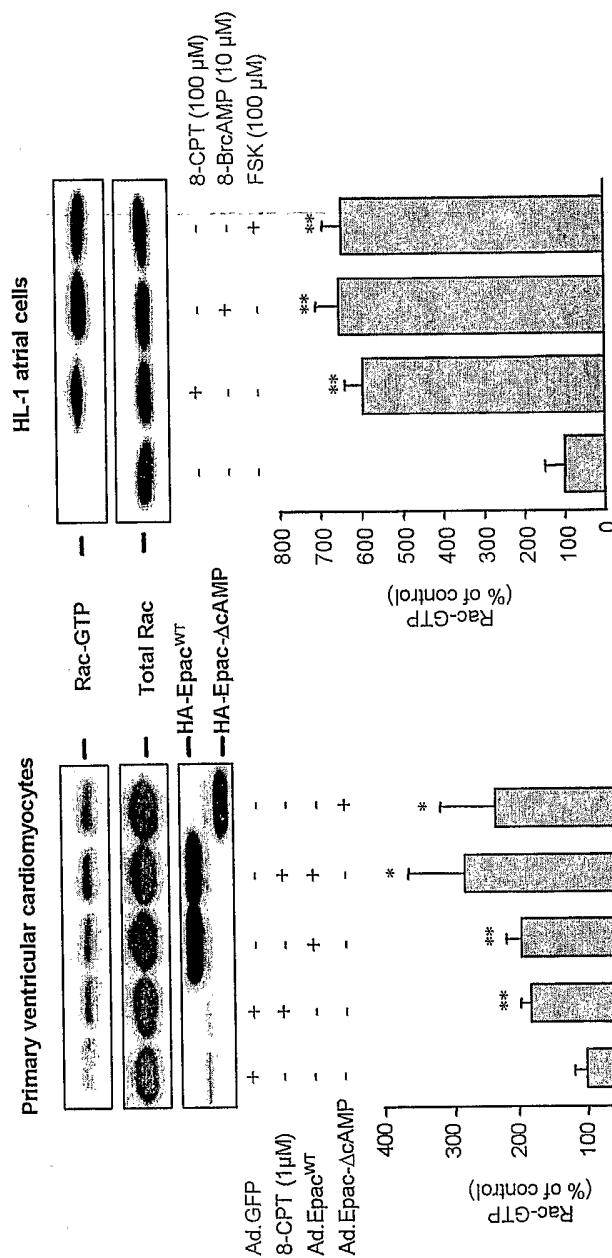
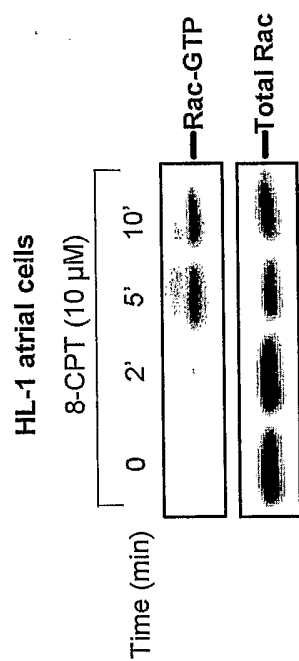


Figure 1B



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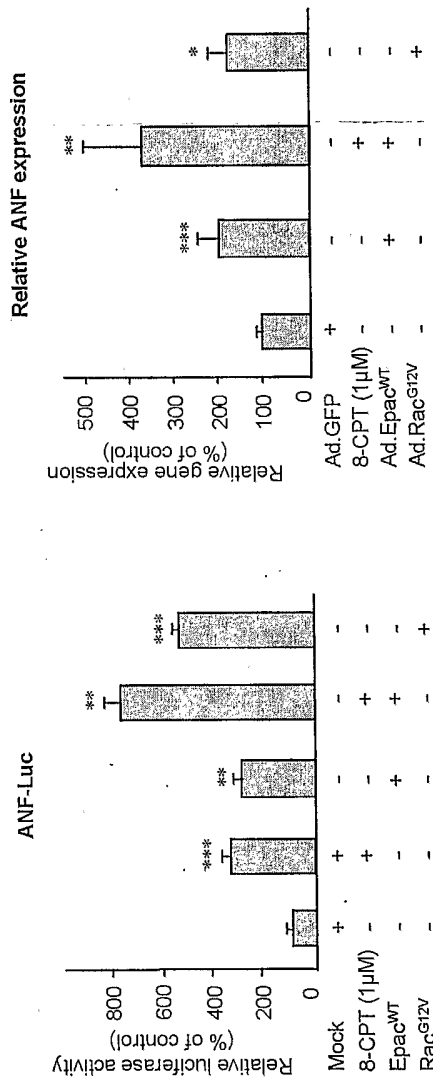


Figure 2A

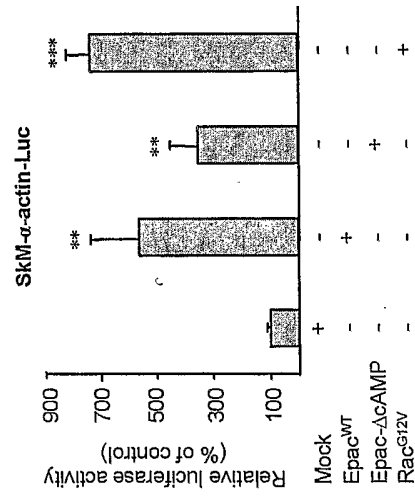


Figure 2C

Figure 2B

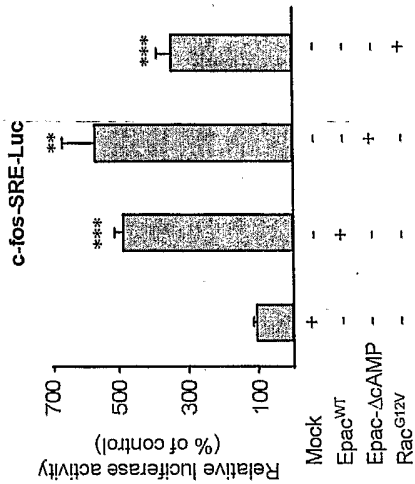


Figure 2D

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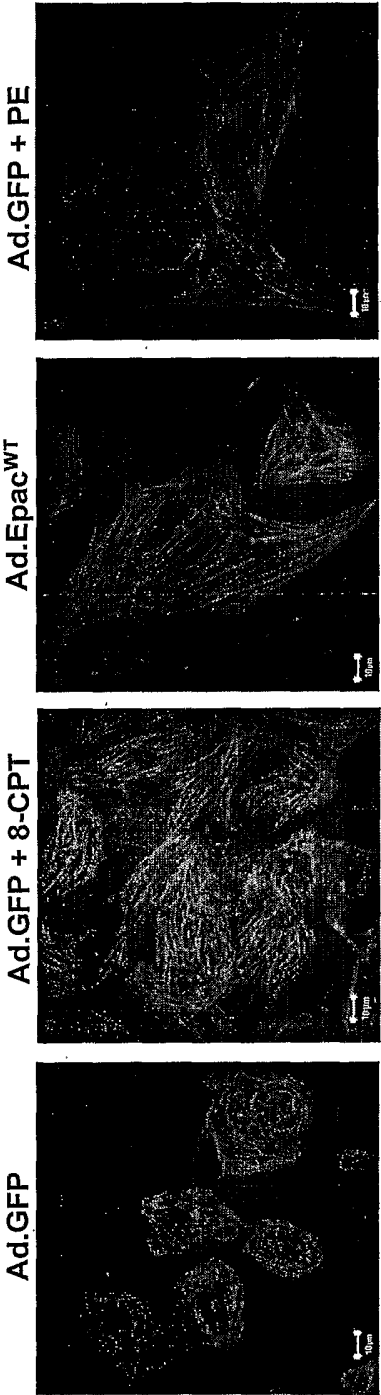


Figure 3A

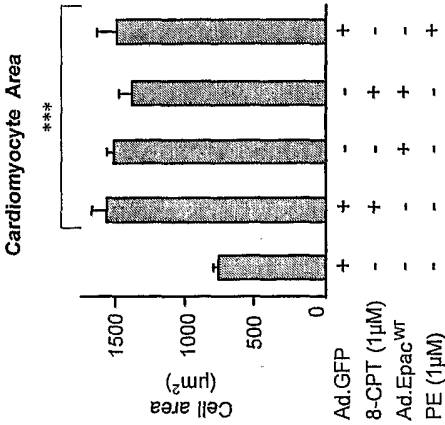


Figure 3B

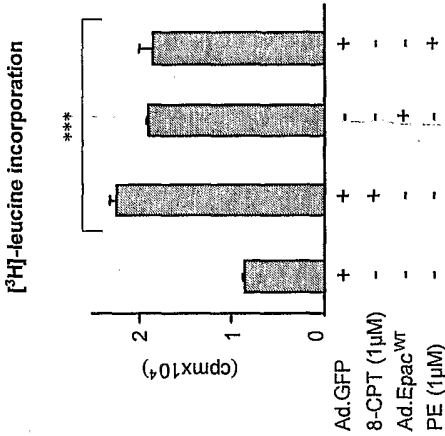


Figure 3C

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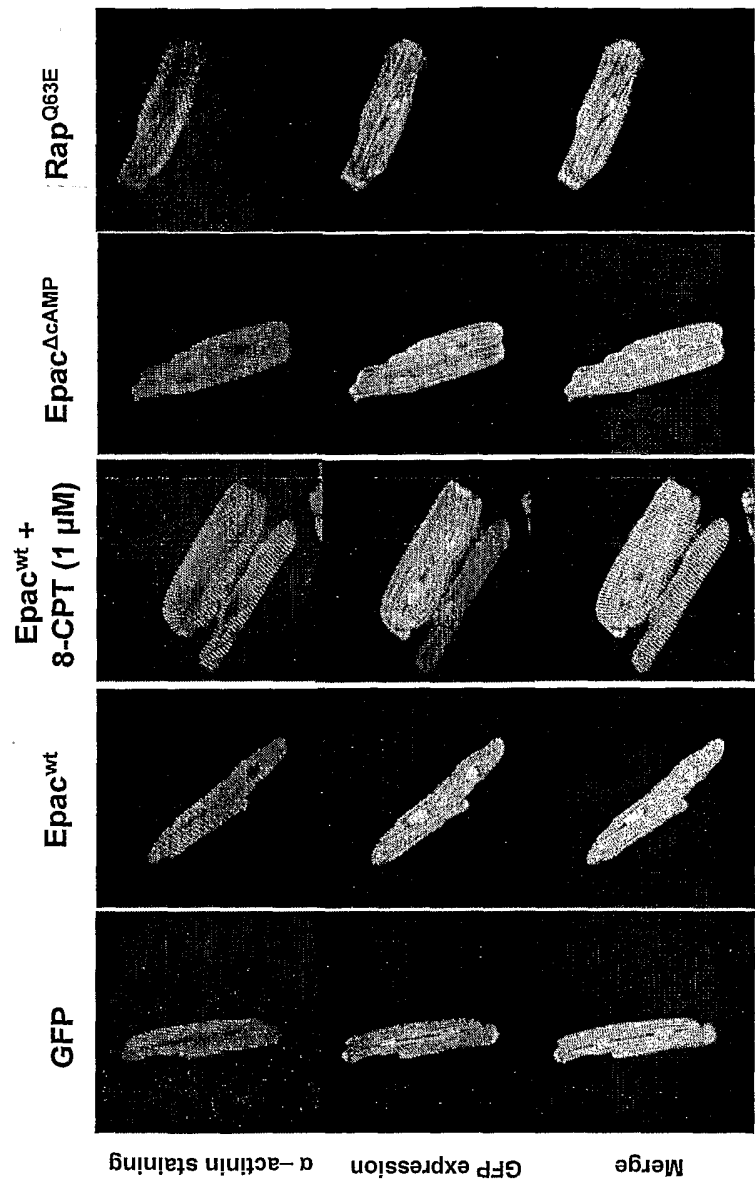


Figure 3D

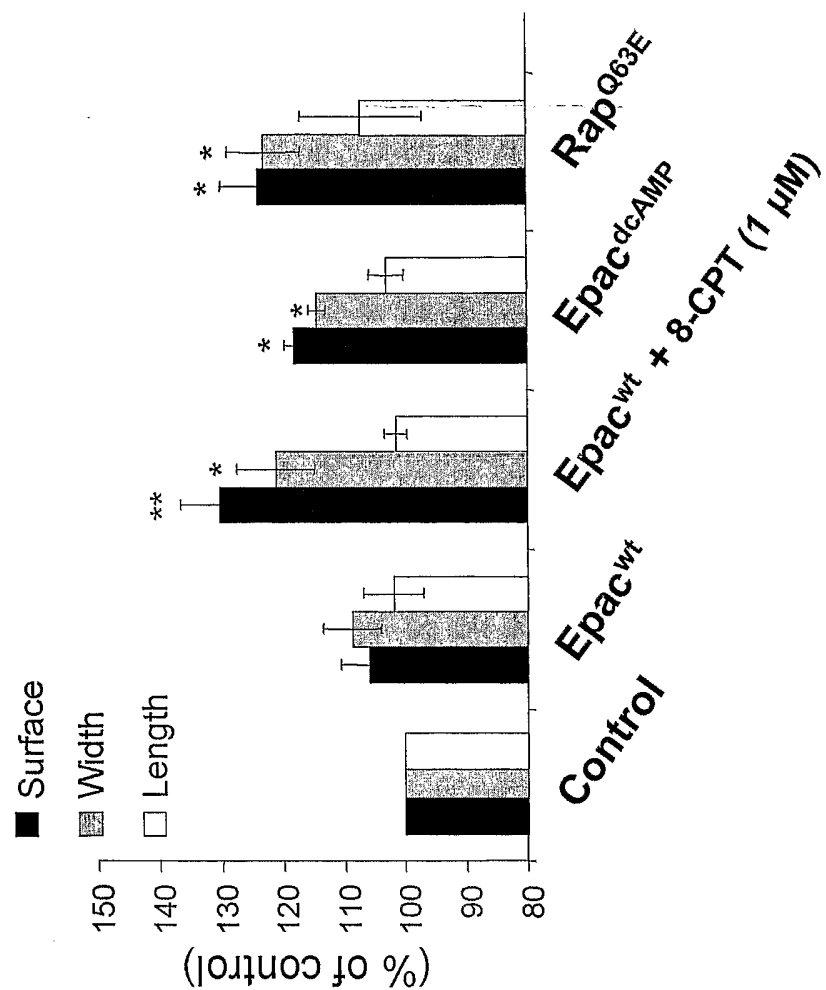


Figure 3E

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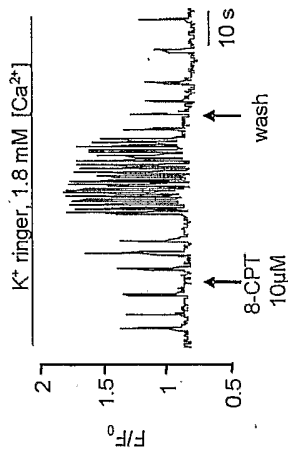


Figure 4A

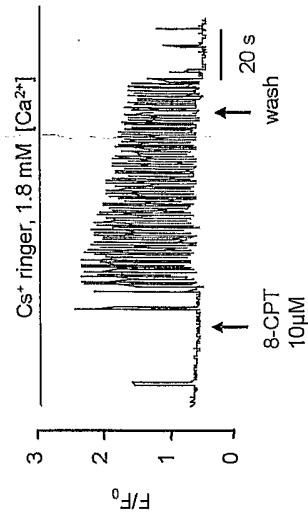


Figure 4B

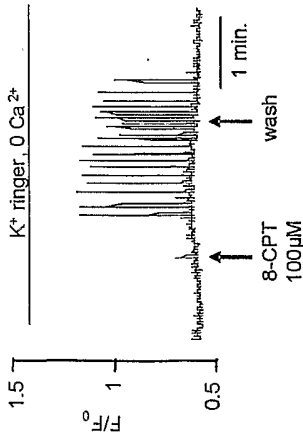


Figure 4C

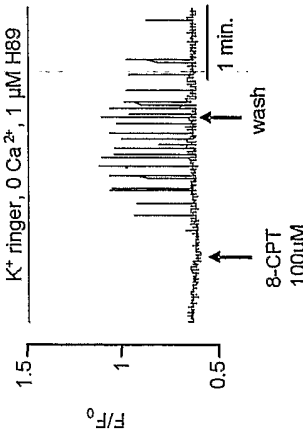


Figure 4D

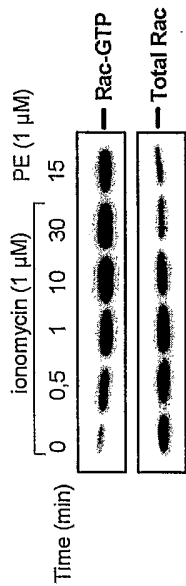


Figure 4E

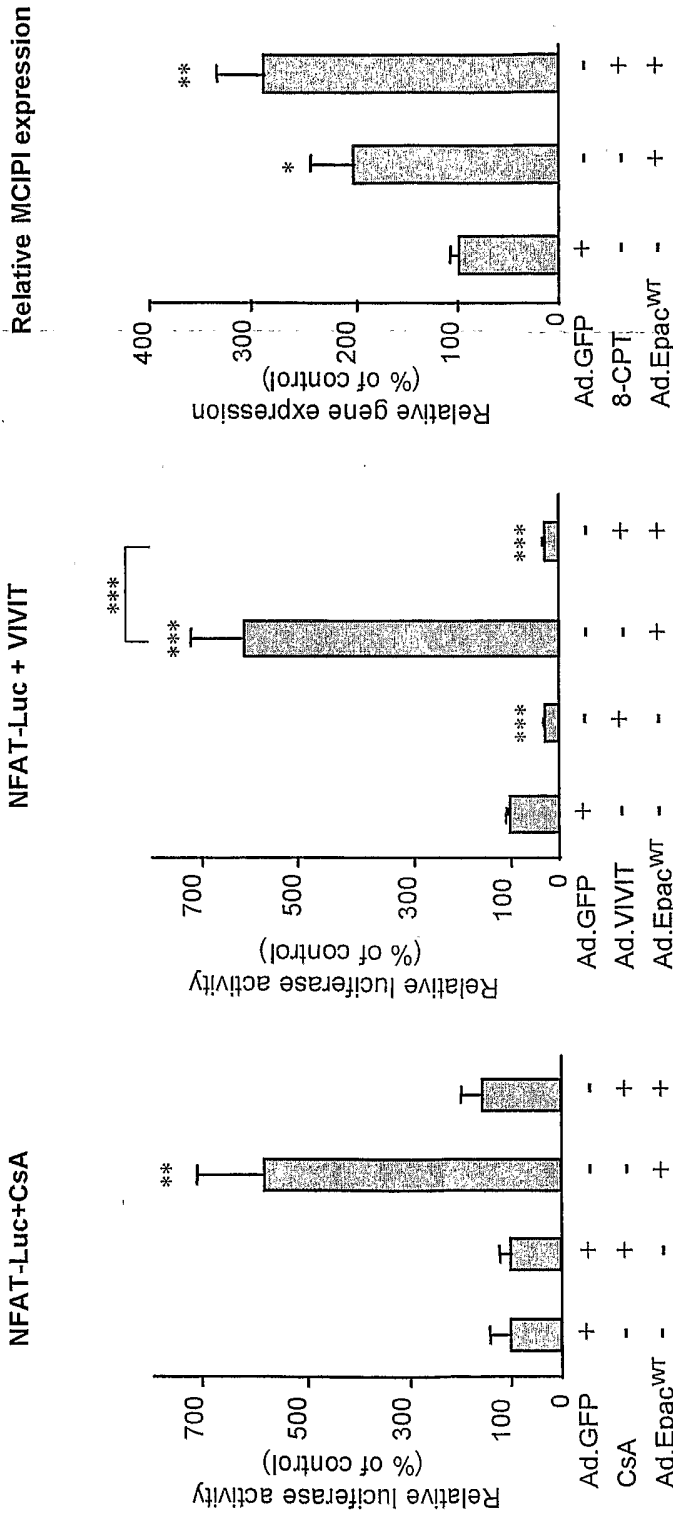


Figure 5A

Figure 5B

Figure 5C

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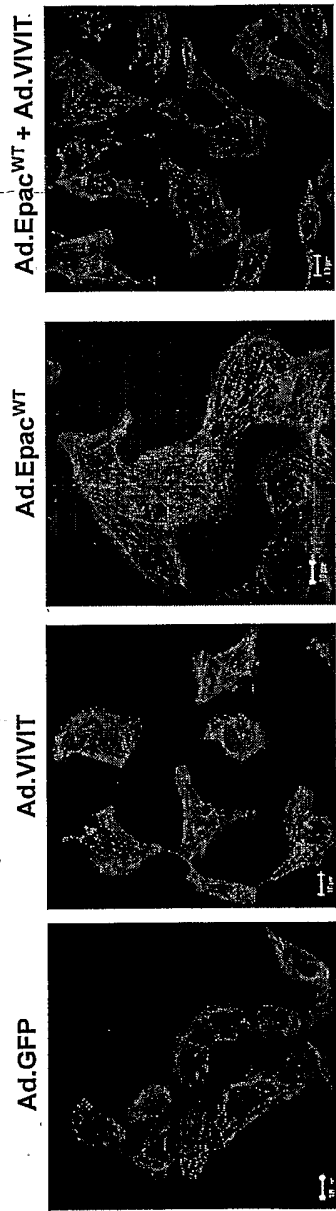


Figure 6A

Cardiomyocyte area

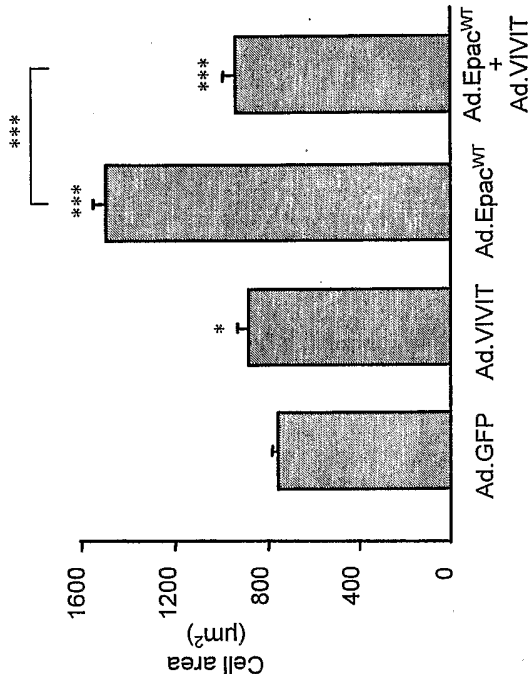


Figure 6B

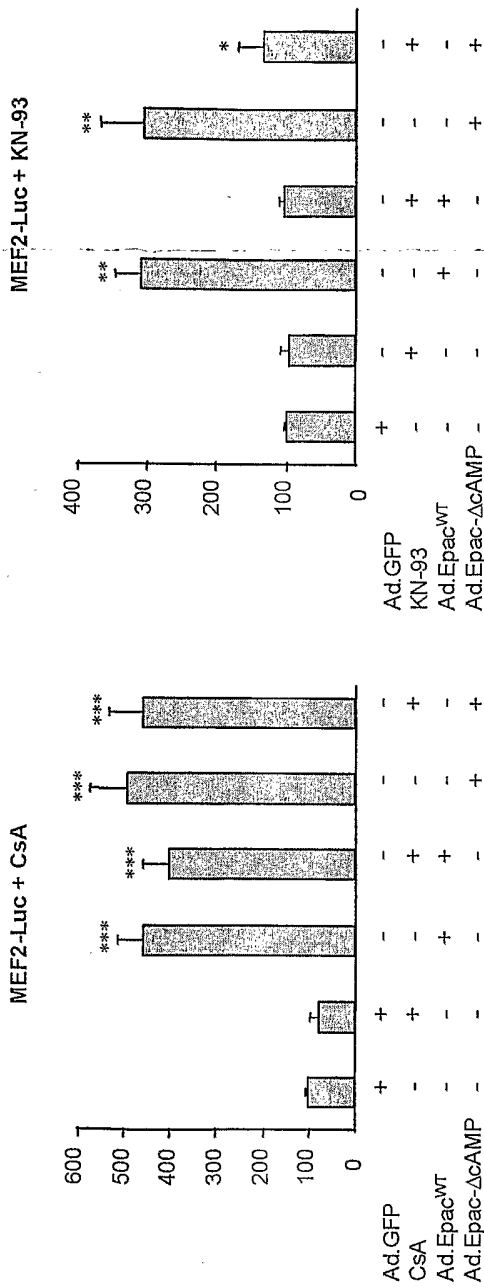


Figure 7A

Figure 7B

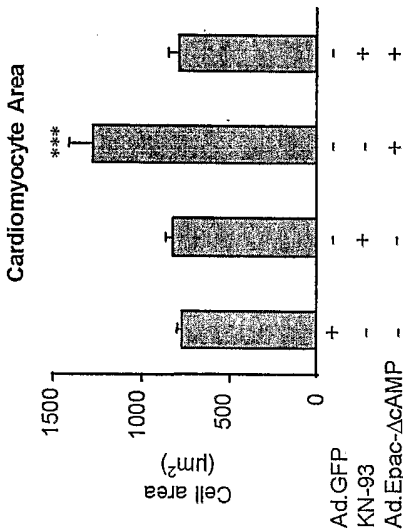


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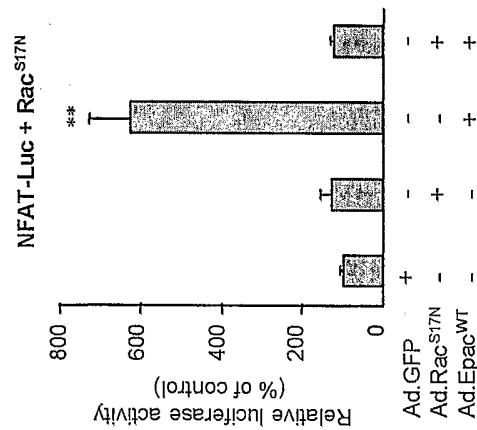


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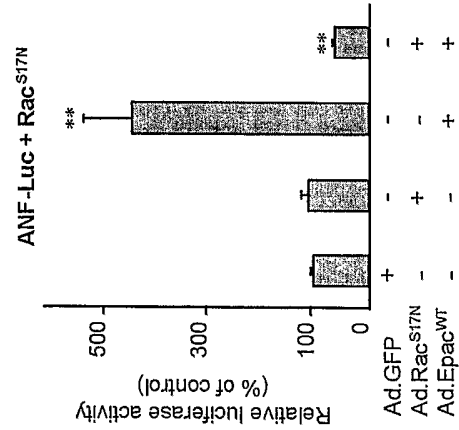


Figure 8C

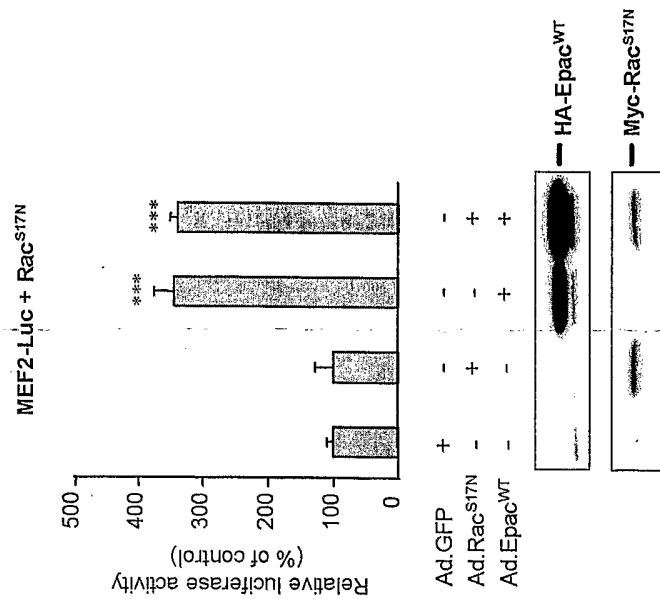


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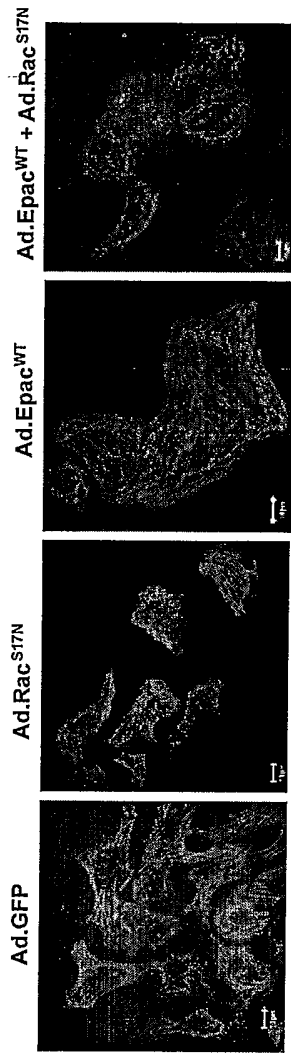


Figure 9A

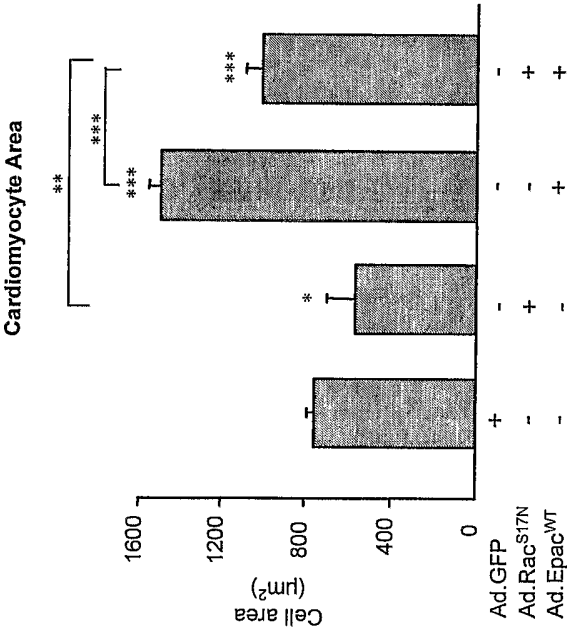


Figure 9B

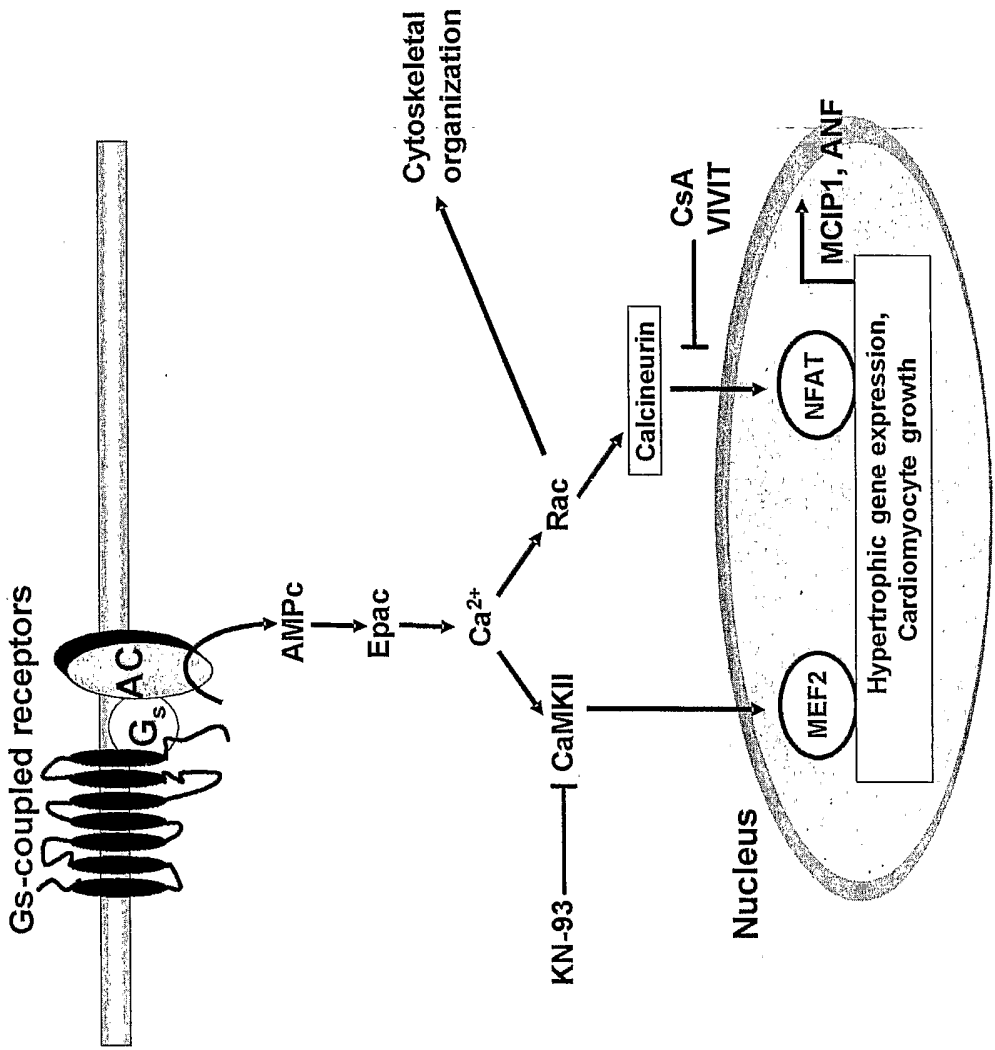


Figure 10

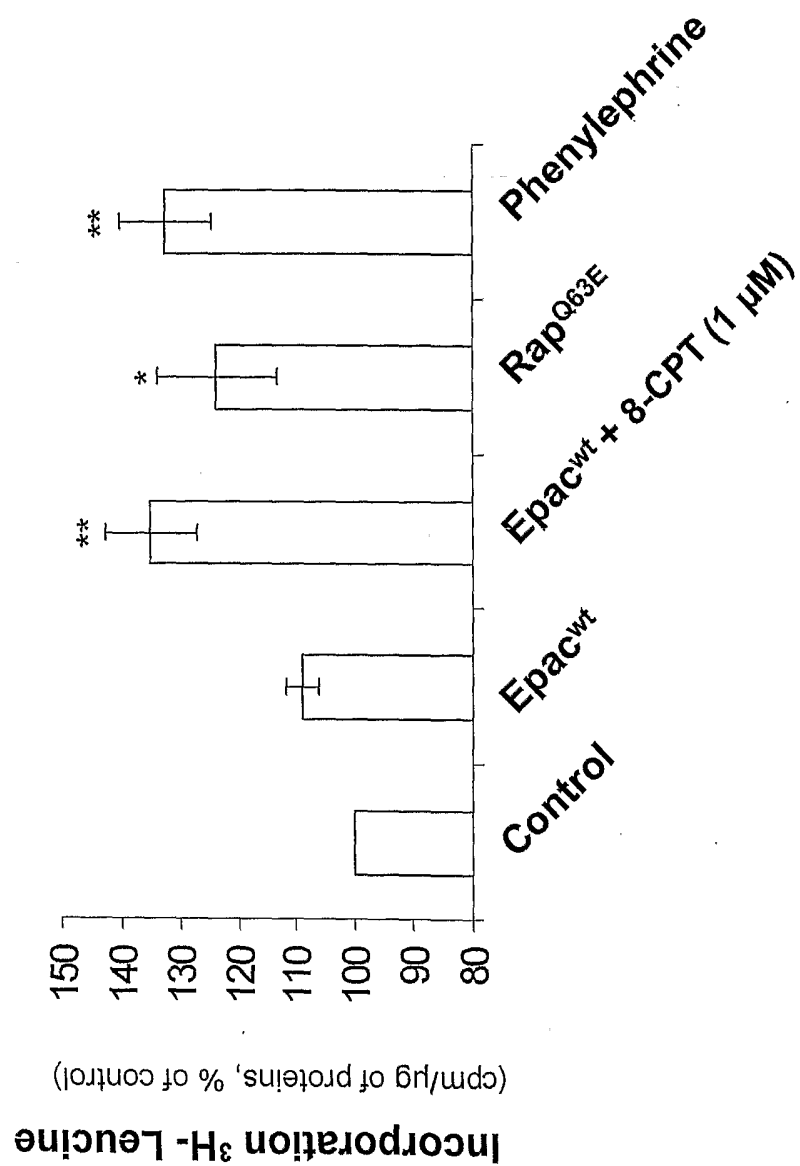


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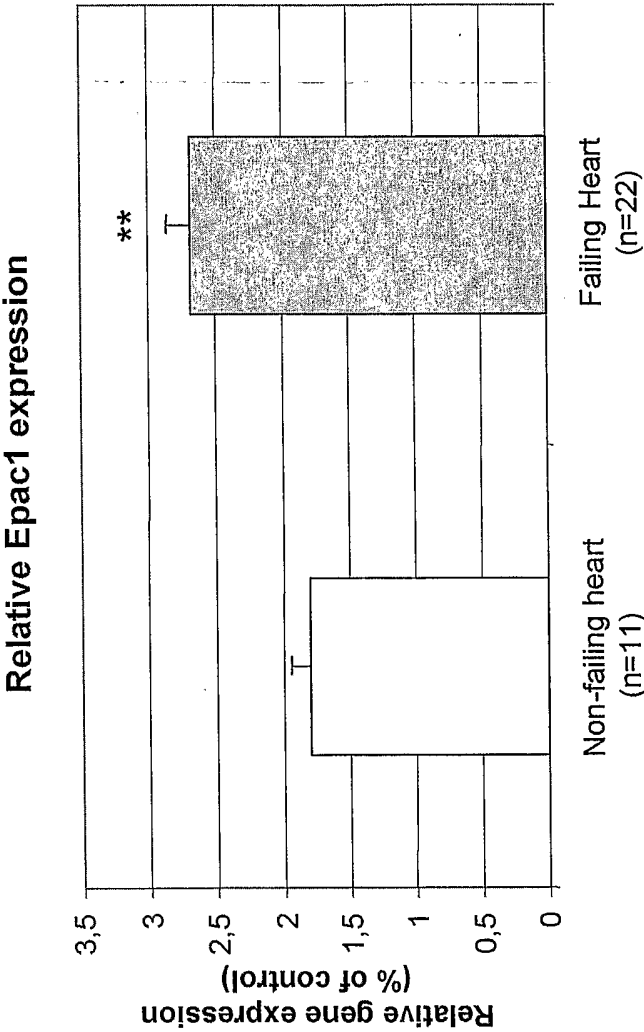


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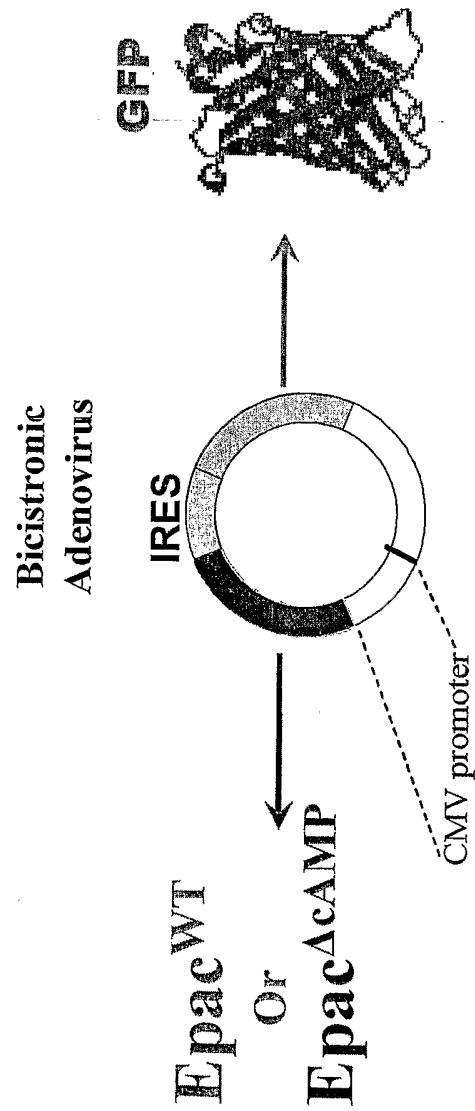


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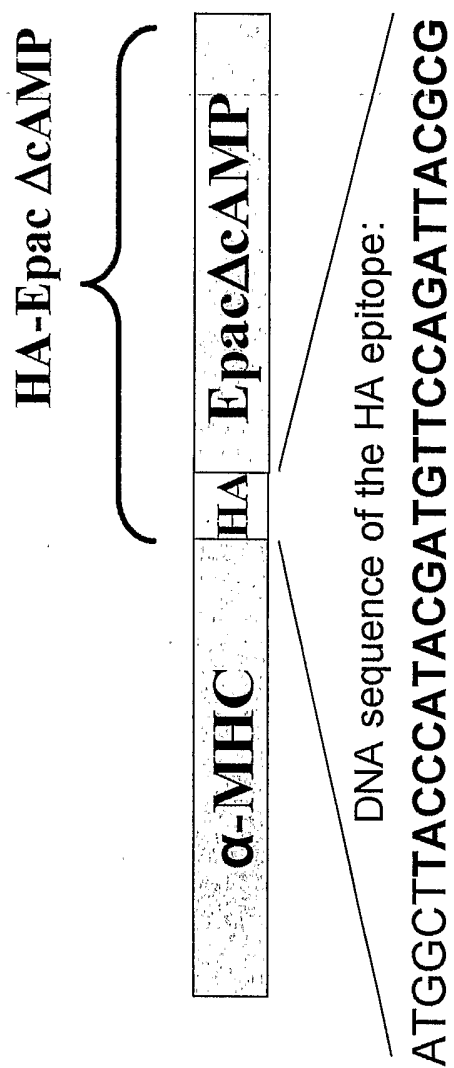


Figure 14

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Asp Glu His Glu Asp Ala Pro Leu Pro Thr Glu Glu Glu Lys Lys Glu	
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Cys Asp Glu Glu Leu Gln Asp Thr Met Leu Leu Leu Ser Gln Met Gly	
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Pro Asp Ala His Met Arg Met Ile Leu Arg Lys Pro Pro Gly Gln Arg	
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Ala	Leu	Ser	His	Leu	Ser	Thr	Thr	Val	Lys	Arg	Glu	Leu	Ala	Gly	Val	
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ctc	att	ttt	gag	tct	cac	gcc	aaa	gga	ggg	act	gtg	ttg	ttt	aac	cag	1269
Leu	Ile	Phe	Glu	Ser	His	Ala	Lys	Gly	Gly	Thr	Val	Leu	Phe	Asn	Gln	
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ggg	gaa	gaa	ggg	acc	tcc	tgg	tac	att	att	cta	aaa	gga	tca	gtg	aat	1317
Gly	Glu	Glu	Gly	Thr	Ser	Trp	Tyr	Ile	Ile	Leu	Lys	Gly	Ser	Val	Asn	
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gta	gtc	att	tac	ggc	aag	ggg	gtg	gtc	tgc	acc	ctg	cat	gaa	gga	gat	1365
Val	Val	Ile	Tyr	Gly	Lys	Gly	Val	Val	Cys	Thr	Leu	His	Glu	Gly	Asp	
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Asp	Phe	Gly	Lys	Leu	Ala	Leu	Val	Asn	Asp	Ala	Pro	Arg	Ala	Ala	Ser	
420					425					430					435	
atc	gtc	tta	cga	gaa	gat	aac	tgc	cat	ttc	tta	aga	gta	gac	aag	gag	1461
Ile	Val	Leu	Arg	Glu	Asp	Asn	Cys	His	Phe	Leu	Arg	Val	Asp	Lys	Glu	
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gat	ttc	aac	cgg	atc	cta	agg	gac	gtg	gag	gcg	aat	aca	gtc	aga	ctt	1509
Asp	Phe	Asn	Arg	Ile	Leu	Arg	Asp	Val	Glu	Ala	Asn	Thr	Val	Arg	Leu	
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aaa	gaa	cat	gac	caa	gat	gtc	ttg	gtg	ctg	gag	aag	gtc	cca	gca	ggg	1557
Lys	Glu	His	Asp	Gln	Asp	Val	Leu	Val	Leu	Glu	Lys	Val	Pro	Ala	Gly	
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Asn	Arg	Ala	Ser	Asn	Gln	Gly	Asn	Ser	Gln	Pro	Gln	Gln	Lys	Tyr	Thr	
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gtg	atg	tca	gga	aca	cct	gaa	aaa	att	tta	gag	cat	ttt	cta	gaa	aca	1653
Val	Met	Ser	Gly	Thr	Pro	Glu	Lys	Ile	Leu	Glu	His	Phe	Leu	Glu	Thr	
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ata	cgc	ctt	gag	gca	act	tta	aat	gaa	gca	aca	gat	tct	gtt	tta	aat	1701
Ile	Arg	Leu	Glu	Ala	Thr	Leu	Asn	Glu	Ala	Thr	Asp	Ser	Val	Leu	Asn	
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gac	ttt	att	atg	atg	cac	tgt	gtt	ttt	atg	cca	aat	acc	cag	ctt	tgc	1749
Asp	Phe	Ile	Met	Met	His	Cys	Val	Phe	Met	Pro	Asn	Thr	Gln	Leu	Cys	
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ccg	gca	ctg	gtg	gcc	cac	tac	cac	gca	cag	cct	tca	caa	ggg	aca	gaa	1797
Pro	Ala	Leu	Val	Ala	His	Tyr	His	Ala	Gln	Pro	Ser	Gln	Gly	Thr	Glu	
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Gln	Glu	Lys	Met	Asp	Tyr	Ala	Leu	Asn	Asn	Lys	Arg	Arg	Val	Ile	Arg	
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cac aag gtt ctt ttg caa cag ttc aat acg ggc gat gag aga gcc cag His Lys Val Leu Leu Gln Gln Phe Asn Thr Gly Asp Glu Arg Ala Gln	2085			
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760	765	770		
agc tcc aaa gat tta gca tac cag atg aca att tat gat tgg gaa ctc Ser Ser Lys Asp Leu Ala Tyr Gln Met Thr Ile Tyr Asp Trp Glu Leu	2469			
775	780	785		
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Gln Leu Ser Lys Arg Val Gln Leu Leu Lys Lys Phe Ile Lys Ile Ala	
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gcc cac tgt aag gag tat aaa aat ctg aat tcc ttt ttt gcc atc gtc	2709
Ala His Cys Lys Glu Tyr Lys Asn Leu Asn Ser Phe Phe Ala Ile Val	
855 860 865	
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Met Gly Leu Ser Asn Ile Ala Val Ser Arg Leu Ala Leu Thr Trp Glu	
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Lys Leu Pro Ser Lys Phe Lys Lys Phe Tyr Ala Glu Phe Glu Ser Leu	
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Met Asp Pro Ser Arg Asn His Arg Ala Tyr Arg Leu Thr Val Ala Lys	
900 905 910 915	
ctg gaa cct cct ctc atc ccc ttc atg cct ttg ctc att aaa gat atg	2901
Leu Glu Pro Pro Leu Ile Pro Phe Met Pro Leu Leu Ile Lys Asp Met	
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Thr Phe Thr His Glu Gly Asn Lys Thr Phe Ile Asp Asn Leu Val Asn	
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Phe Glu Lys Met Arg Met Ile Ala Asn Thr Ala Arg Thr Val Arg Tyr	
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Tyr Arg Ser Gln Pro Phe Asn Pro Asp Ala Ala Gln Ala Asn Lys Asn	
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His Gln Asp Val Arg Ser Tyr Val Arg Gln Leu Asn Val Ile Asp Asn	
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Gln Arg Thr Leu Ser Gln Met Ser His Arg Leu Glu Pro Arg Arg	
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Ile Ile Phe Thr Arg Leu Lys Glu Val Lys Ala Phe Glu Lys Phe His
 35 40 45

Pro Asn Leu Leu His Gln Ile Cys Leu Cys Gly Tyr Tyr Glu Asn Leu
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Glu Lys Gly Ile Thr Leu Phe Arg Gln Gly Asp Ile Gly Thr Asn Trp
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Tyr Ala Val Leu Ala Gly Ser Leu Asp Val Lys Val Ser Glu Thr Ser
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Ser His Gln Asp Ala Val Thr Ile Cys Thr Leu Gly Ile Gly Thr Ala
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Phe Gly Glu Ser Ile Leu Asp Asn Thr Pro Arg His Ala Thr Ile Val
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Thr Arg Glu Ser Ser Glu Leu Leu Arg Ile Glu Gln Lys Asp Phe Lys
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Ala Leu Trp Glu Lys Tyr Arg Gln Tyr Met Ala Gly Leu Leu Ala Pro
 145 150 155 160

Pro Tyr Gly Val Met Glu Thr Gly Ser Asn Asn Asp Arg Ile Pro Asp
 165 170 175

Lys Glu Asn Thr Pro Leu Ile Glu Pro His Val Pro Leu Arg Pro Ala
 180 185 190

Asn Thr Ile Thr Lys Val Pro Ser Glu Lys Ile Leu Arg Ala Gly Lys
 195 200 205

Ile Leu Arg Asn Ala Ile Leu Ser Arg Ala Pro His Met Ile Arg Asp
 210 215 220

Arg Lys Tyr His Leu Lys Thr Tyr Arg Gln Cys Cys Val Gly Thr Glu
 225 230 235 240

Leu Val Asp Trp Met Met Gln Gln Thr Pro Cys Val His Ser Arg Thr
 245 250 255

Gln Ala Val Gly Met Trp Gln Val Leu Leu Glu Asp Gly Val Leu Asn
 260 265 270

His Val Asp Gln Glu His His Phe Gln Asp Lys Tyr Leu Phe Tyr Arg
 275 280 285

Phe Leu Asp Asp Glu His Glu Asp Ala Pro Leu Pro Thr Glu Glu Glu
 290 295 300

Lys Lys Glu Cys Asp Glu Glu Leu Gln Asp Thr Met Leu Leu Leu Ser
 305 310 315 320

Gln Met Gly Pro Asp Ala His Met Arg Met Ile Leu Arg Lys Pro Pro
 325 330 335

Gly Gln Arg Thr Val Asp Asp Leu Glu Ile Ile Tyr Glu Glu Leu Leu
 340 345 350

His Ile Lys Ala Leu Ser His Leu Ser Thr Thr Val Lys Arg Glu Leu
 355 360 365

Ala Gly Val Leu Ile Phe Glu Ser His Ala Lys Gly Gly Thr Val Leu
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Phe Asn Gln Gly Glu Glu Gly Thr Ser Trp Tyr Ile Ile Leu Lys Gly
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Ser Val Asn Val Val Ile Tyr Gly Lys Gly Val Val Cys Thr Leu His
 405 410 415

Glu Gly Asp Asp Phe Gly Lys Leu Ala Leu Val Asn Asp Ala Pro Arg
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Ala Ala Ser Ile Val Leu Arg Glu Asp Asn Cys His Phe Leu Arg Val
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Asp Lys Glu Asp Phe Asn Arg Ile Leu Arg Asp Val Glu Ala Asn Thr
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Val Arg-Leu Lys Glu His Asp Gln Asp Val Leu Val Leu Glu Lys Val
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Lys Tyr Thr Val Met Ser Gly Thr Pro Glu Lys Ile Leu Glu His Phe
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Gln Glu Asp Asp Val Ser Met Ala Phe Leu Glu Glu Phe Tyr Val Ser

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Glu Leu Glu Lys Ile Val Lys Gln Ile Ser Glu Asp Ala Lys Ala Pro		
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Gln Lys Lys His Lys Val Leu Leu Gln Gln Phe Asn Thr Gly Asp Glu		
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Arg Ala Gln Lys Arg Gln Pro Ile Arg Gly Ser Asp Glu Val Leu Phe		
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Lys Val Tyr Cys Met Asp His Thr Tyr Thr Thr Ile Arg Val Pro Val		
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Ala Thr Ser Val Lys Glu Val Ile Ser Ala Val Ala Asp Lys Leu Gly		
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Ser Gly Glu Gly Leu Ile Ile Val Lys Met Ser Ser Gly Gly Glu Lys		
705	710	715 720
Val Val Leu Lys Pro Asn Asp Val Ser Val Phe Thr Thr Leu Thr Ile		
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Asn Gly Arg Leu Phe Ala Cys Pro Arg Glu Gln Phe Asp Ser Leu Thr		
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Pro Leu Pro Glu Gln Glu Gly Pro Thr Val Gly Thr Val Gly Thr Phe		
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Glu Leu Met Ser Ser Lys Asp Leu Ala Tyr Gln Met Thr Ile Tyr Asp		
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Trp Glu Leu Phe Asn Cys Val His Glu Leu Glu Leu Ile Tyr His Thr		
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Phe Gly Arg His Asn Phe Lys Lys Thr Thr Ala Asn Leu Asp Leu Phe		
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Leu Arg Arg Phe Asn Glu Ile Gln Phe Trp Val Val Thr Glu Ile Cys		
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Leu Cys Ser Gln Leu Ser Lys Arg Val Gln Leu Leu Lys Lys Phe Ile		
	835	840 845

Lys Ile Ala Ala His Cys Lys Glu Tyr Lys Asn Leu Asn Ser Phe Phe
 850 855 860

Ala Ile Val Met Gly Leu Ser Asn Ile Ala Val Ser Arg Leu Ala Leu
 865 870 875 880

Thr Trp Glu Lys Leu Pro Ser Lys Phe Lys Lys Phe Tyr Ala Glu Phe
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Glu Ser Leu Met Asp Pro Ser Arg Asn His Arg Ala Tyr Arg Leu Thr
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Val Ala Lys Leu Glu Pro Pro Leu Ile Pro Phe Met Pro Leu Leu Ile
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Lys Asp Met Thr Phe Thr His Glu Gly Asn Lys Thr Phe Ile Asp Asn
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Leu Val Asn Phe Glu Lys Met Arg Met Ile Ala Asn Thr Ala Arg Thr
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Val Arg Tyr Tyr Arg Ser Gln Pro Phe Asn Pro Asp Ala Ala Gln Ala
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Asn Lys Asn His Gln Asp Val Arg Ser Tyr Val Arg Gln Leu Asn Val
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 Met Gly Ser Ser Arg Leu Arg Val Phe Asp Pro His

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gag gac gat gaa tgg agc agc gcg tcg cag tct tcc acc gag gat gac Glu Asp Asp Glu Trp Ser Ser Arg Ser Gln Ser Ser Thr Glu Asp Asp 45 50 55 60			254
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Ser Tyr Val Ser Val Lys Ala Lys Val Ser Ser Ile Ala Gln Glu Ile	
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Gln Thr Trp Glu Lys Ile Pro Gly Lys Phe Lys Lys Leu Phe Ser Glu	
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Glu His Gln Glu Leu Lys Ser Tyr Val Asn His Leu Tyr Val Ile Asp	
415 420 425	
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INTERNATIONAL SEARCH REPORT

International application No.

PCT/EP2006/001903

Box No. I Nucleotide and/or amino acid sequence(s) (Continuation of item 1.b of the first sheet)

1. With regard to any nucleotide and/or amino acid sequence disclosed in the international application and necessary to the claimed invention, the international search was carried out on the basis of:
 - a. type of material
 - ☒ a sequence listing
 - ☐ table(s) related to the sequence listing
 - b. format of material
 - ☒ on paper
 - ☒ in electronic form
 - c. time of filing/furnishing
 - ☒ contained in the international application as filed
 - ☒ filed together with the international application in electronic form
 - ☐ furnished subsequently to this Authority for the purpose of search
2. ☐ In addition, in the case that more than one version or copy of a sequence listing and/or table relating thereto has been filed or furnished, the required statements that the information in the subsequent or additional copies is identical to that in the application as filed or does not go beyond the application as filed, as appropriate, were furnished.
3. Additional comments:

INTERNATIONAL SEARCH REPORT

International application No
PCT/EP2006/001903

A. CLASSIFICATION OF SUBJECT MATTER

INV. A61K45/00 A61P9/00 A61P9/04 A61K31/335 A61K31/7076
A01K67/02 G01N33/50

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

A61K A61P A01K G01N

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, WPI Data, PAJ, BIOSIS, EMBASE

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 00/24768 A (MASSACHUSETTS INSTITUTE OF TECHNOLOGY; KAWASAKI, HIROAKI; GRAYBIEL, AN) 4 May 2000 (2000-05-04)	13-15, 20,23
A	page 27, line 13 - page 28, line 7	1-12, 15-19, 21,22
	page 44, line 17 - line 26	
	page 29, line 29 - page 30, line 15	
A	WO 00/10603 A (THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY) 2 March 2000 (2000-03-02)	1-23
	claims 16-8	
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☒ Further documents are listed in the continuation of Box C.

☒ See patent family annex.

* Special categories of cited documents :

A document defining the general state of the art which is not considered to be of particular relevance

E earlier document but published on or after the international filing date

L document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

O document referring to an oral disclosure, use, exhibition or other means

P document published prior to the international filing date but later than the priority date claimed

T later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

X document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

Y document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

& document member of the same patent family

Date of the actual completion of the international search

26 May 2006

Date of mailing of the international search report

09/06/2006

Name and mailing address of the ISA/

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
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Fax: (+31-70) 340-3016

Authorized officer

Böhmerova, E

INTERNATIONAL SEARCH REPORT

International application No
PCT/EP2006/001903

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	<p>WHALEN ERIN J ET AL: "Blockade of beta-adrenoceptors enhances cAMP signal transduction in vivo" EUROPEAN JOURNAL OF PHARMACOLOGY, vol. 355, no. 2-3, 21 August 1998 (1998-08-21), pages 189-193, XP002382243 ISSN: 0014-2999 abstract page 191, right-hand column, last paragraph - page 192, left-hand column, paragraph 1</p>	1-23
P,X	<p>US 6 987 004 B1 (KAWASAKI HIROAKI ET AL) 17 January 2006 (2006-01-17) column 32, line 39 - line 66 column 33, line 41 - line 56 sequence 59</p>	13,14
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